HEALTHY PEOPLE 2010

NEVADA

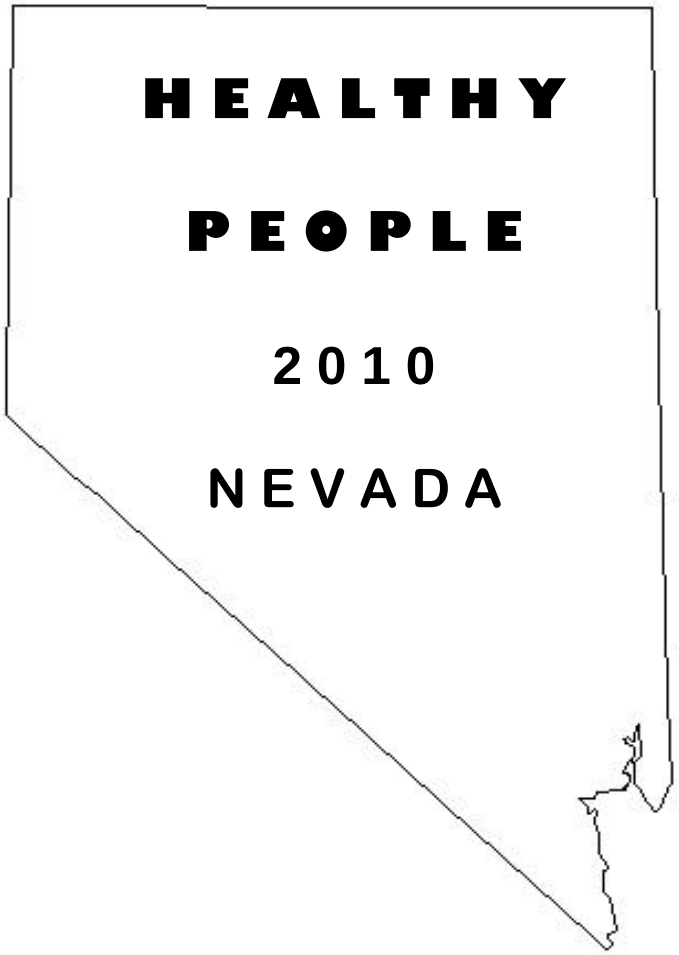
February 2002

Bureau of Health Planning and Statistics

Kenny Guinn, Governor
Michael Willden, Director
Department of Human Resources

Yvonne Sylva, Administrator
State Health Division

HEALTHY PEOPLE 2010 NEVADA



Prepared By:
Mark Hemmings, Resource Analyst
Tim Pollard, Resource Analyst
Wei Yang, State Biostatistician

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State Health Division
Bureau of Health Planning and Statistics
Emil De Jan, Bureau Chief

Kenny Guinn, Governor
Michael Willden, Director
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HEALTHY PEOPLE 2010 - NATIONAL

The Healthy People 2010 prevention initiative is a national strategy for significantly improving the health of the American people over the first decade of the 21st century through modifications of the lifestyle and environmental factors that are major determinants of chronic disease and disability. It provides a framework to reduce preventable death and disability, to enhance quality of life, and to reduce disparities in the health status of various population groups in our society.

The development of Healthy People 2010 involved citizens and professionals, private organizations and public agencies from every part of the nation. The process initially began in 1979 with *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*, which was followed in 1990 by *Healthy People 2000*. Healthy People 2010 represents the third time that the U. S. Department of Health and Human Services has developed 10 year objectives for the nation. Working groups of health professionals developed a broad range of priorities and related objectives. After extensive public review and comment, the objectives were refined to produce a report published in January 2000 entitled *Healthy People 2010*.

Healthy People 2010 is designed to achieve two broad-based goals:

To increase quality and years of healthy life
To eliminate health disparities

The report is organized into 28 focus areas. (see list on following page.) There are over 460 objectives. The main characteristics of the objectives are that they are measurable, possible to achieve, and data are obtainable. Objectives are presented as action statements with a starting point (baseline) and a target to be achieved by the year 2010.

HEALTHY PEOPLE 2010 - NEVADA

Utilization of the Healthy People prevention initiative within the state of Nevada began with the use of Healthy People 2000 objectives in the *1993 Nevada State Health Plan* which was followed by the *1996 Truckee Meadows Quality of Life* report. In July 1997 the Bureau of Health Planning and Statistics of the State Health Division published *Healthy People 2000 – Nevada.* The report represented a modest effort at examining the Silver State's progress toward 45 key objectives which reflected a cross-section of 18 Healthy People 2000 priority areas:

This *Healthy People 2010 – Nevada* report examines 53 objectives representing the following 20 of the 28 focus areas:

1. Access to Quality Health Services
3. Cancer
5. Diabetes
7. Educational & Community Programs
9. Family Planning
10. Food Safety
12. Heart Disease and Stroke
13. HIV
14. Immunization & Infectious Diseases
15. Injury and Violence Prevention
16. Maternal, Infant & Child Health
18. Mental Health & Mental Disorders
19. Nutrition and Overweight
20. Occupational Safety and Health
21. Oral Health
22. Physical Activity and Fitness
24. Respiratory Diseases
25. Sexually Transmitted Diseases
26. Substance Abuse
27. Tobacco Use

Focus areas and objectives involving leading causes of death and maternal-child health are given special attention in this report. The most significant factor in the selection of focus areas and objectives was the availability of accurate and reliable data.

Each objective selected for this report is summarized on a separate page. Each page begins with a statement of the national health objective followed by general information about that objective. Next is a table showing the most current U.S. statistical baseline, the most current Nevada baseline, and the Year 2010 objective. Each table is followed by a brief analysis of Nevada's status vis-a-vis the U.S. baseline and the Year 2010 objective. A graph illustrating the figures from the table and the Year 2010 objective completes each page.

1. ACCESS TO QUALITY HEALTH SERVICES

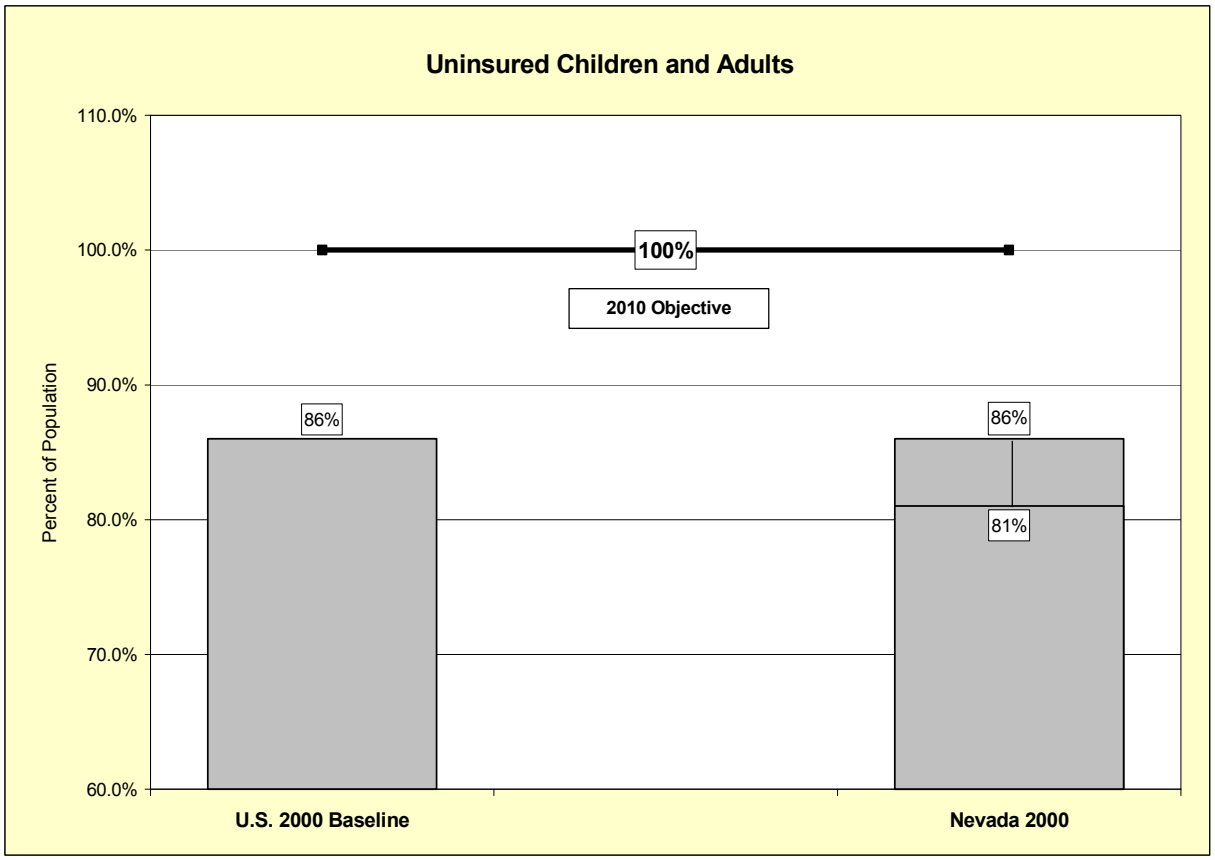
Objective 1.1 UNINSURED CHILDREN AND ADULTS

Increase the proportion of persons with health insurance to 100%.

Access to health services often depends on whether a person has health insurance. Uninsured people are less than half as likely to have a primary care provider, to receive appropriate preventive care such as mammograms or Pap tests, or to have any recent medical visits. Lack of insurance also affects access to care for relatively serious medical conditions. Young adults ages 19-24 and members of racial and ethnic minorities are more liable than other subgroups to be uninsured.

U.S. 2000 Baseline	Nevada 2000	2010 Objective
86% *	81% - 86% *	100%

Major surveys including the Census Bureau show Nevada in the 81% to 86% range. A Nevada 2000 estimate in a study by the Great Basin Primary Care Association was 81.2%. While survey results vary, Nevada was generally below the national average. Barring national health insurance, the Year 2010 objective appears unattainable.



* Depending on the source, there are a range of estimates for Nevada and the U.S.

3. CANCER

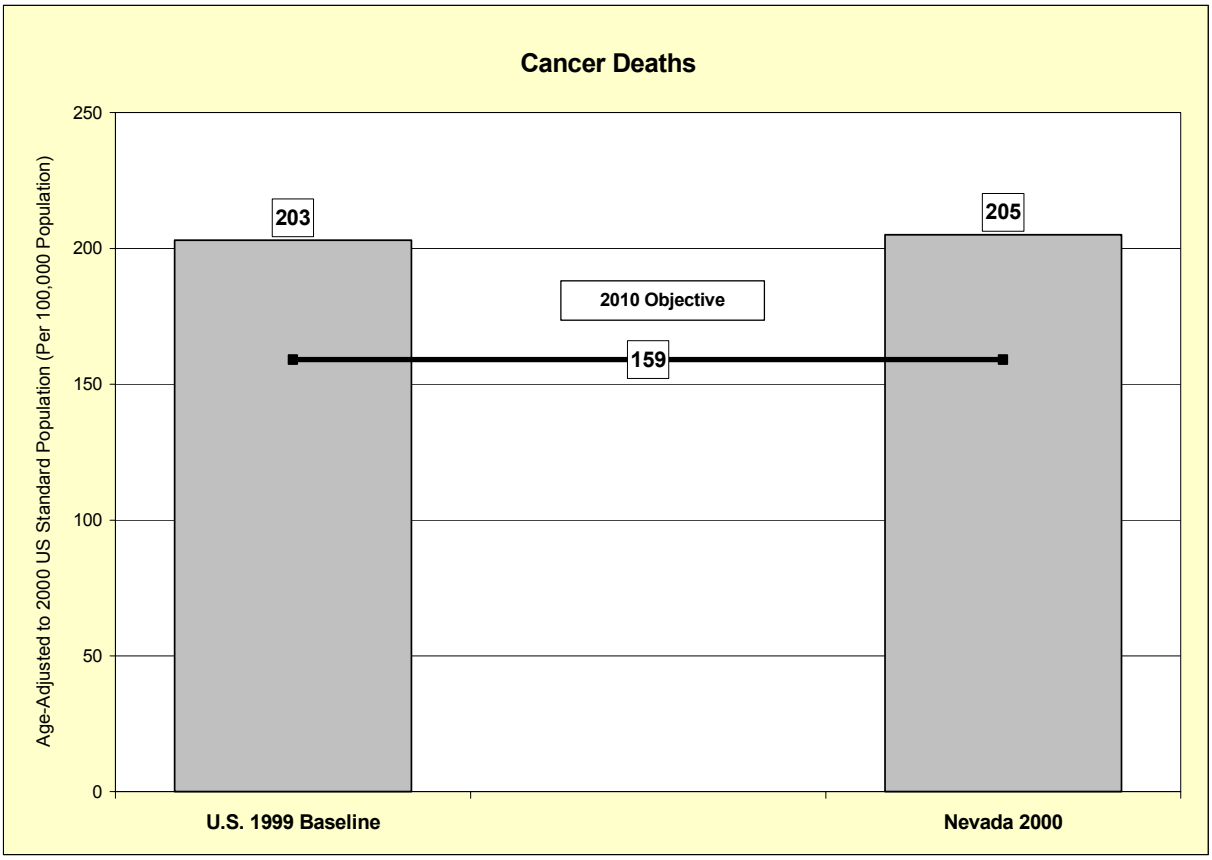
Objective 3.1 CANCER DEATHS

Reduce the overall cancer death rate to 159 per 100,000 population.

Cancer is the second leading cause of death in the U.S. and Nevada, exceeded only by heart disease. Although there are many kinds of cancer, four major types (lung, breast, colorectal, prostate) account for more than half of all cancer-related illness and death. Nearly 80% of all cancers are diagnosed at ages 55 and older. In 2000, 3,658 or about 25% of all Nevada resident deaths were from cancer. Almost one-third of all cancer deaths are related to tobacco.

U.S. 1999 Baseline	Nevada 2000	2010 Objective
203 *	205 *	159 *

In 2000 the Nevada baseline rate was about the same as the U.S. rate. The Nevada age-adjusted death rate for all cancers was lower in 2000 than in any of the preceding ten years. It remains significantly higher than the Year 2010 objective of 159.



* Rates are age-adjusted to the year 2000 and are per 100,000 population.

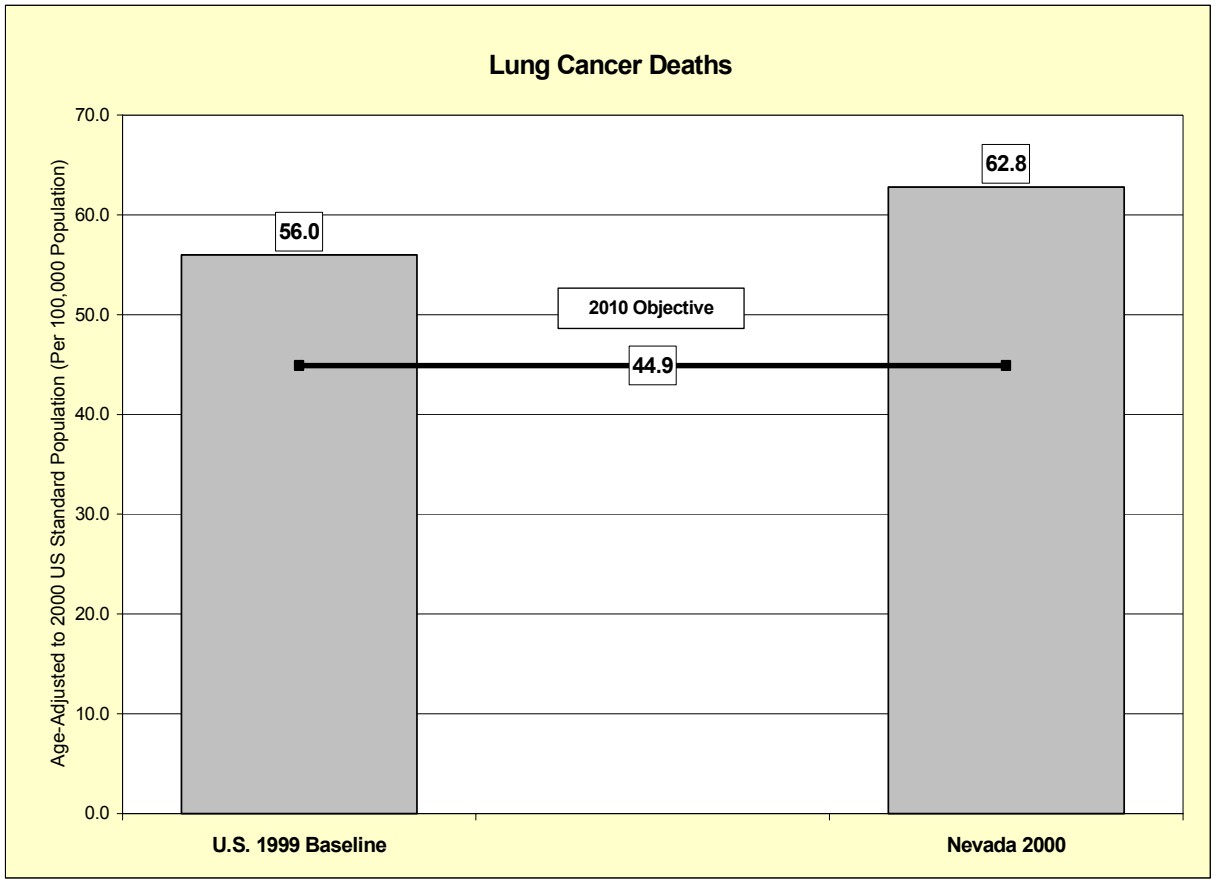
Objective 3.2 LUNG CANCER DEATHS

Reduce the lung cancer death rate to 44.9 per 100,000 population.

Lung cancer causes more deaths than any other type of cancer for both men and women. Lung cancer accounted for one out of every six new cancer cases in 1999 in Nevada. While the incidence rate has been gradually decreasing for men over the past 15 years, it has been increasing for women. The 1,152 lung cancer deaths accounted for almost one out of every three cancer deaths among Nevada residents in 2000. Cigarette smoking is the principal cause of lung cancer deaths. In 2000 Nevada had one of the highest percentages of current smokers in the nation.

U.S. 1999 Baseline	Nevada 2000	2010 Objective
56.0 *	62.8 *	44.9 *

The Nevada lung cancer mortality rate was higher than the U.S. baseline rate. The Nevada rate has declined over the past ten years for men, but has increased slightly for women. The Nevada rate was substantially above the Year 2010 target of 44.9.



*Rates are age-adjusted to the year 2000 and are per 100,000 population.

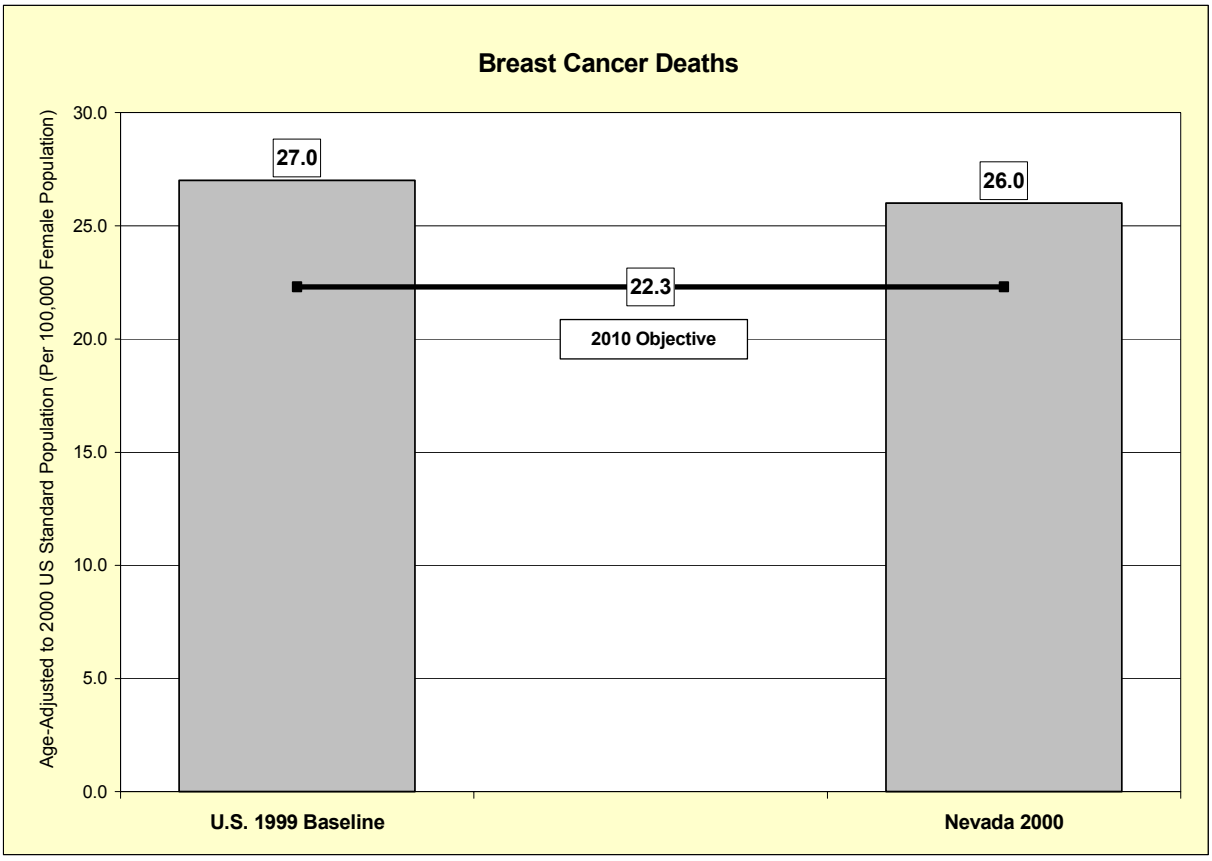
Objective 3.3 BREAST CANCER DEATHS

Reduce the breast cancer death rate to 22.3 per 100,000 females.

Breast cancer is the most common type of cancer for women with about 29% of all female cancer cases in Nevada between 1996-2000. Genetic and environmental factors play a role in a woman's chance of developing breast cancer. About one woman in every ten will develop breast cancer in her lifetime. Mammograms and self-exams and mammograms can significantly reduce the risk of death. The 251 breast cancer deaths in Nevada in 2000 was the third highest cancer mortality rate overall and was the second leading cause of cancer deaths among women.

U.S. 1999 Baseline	Nevada 2000	2010 Objective
27.0 *	26.0 *	22.3 *

Both the U.S. and Nevada female breast cancer mortality rates declined during the nineties. The 2000 Nevada age-adjusted rate was below the U.S. rate. Nevada's rate appears to be within reach of the Year 2010 target of 22.3 per 100,000 females.



* Rates are age-adjusted to the year 2000 and are per 100,000 females.

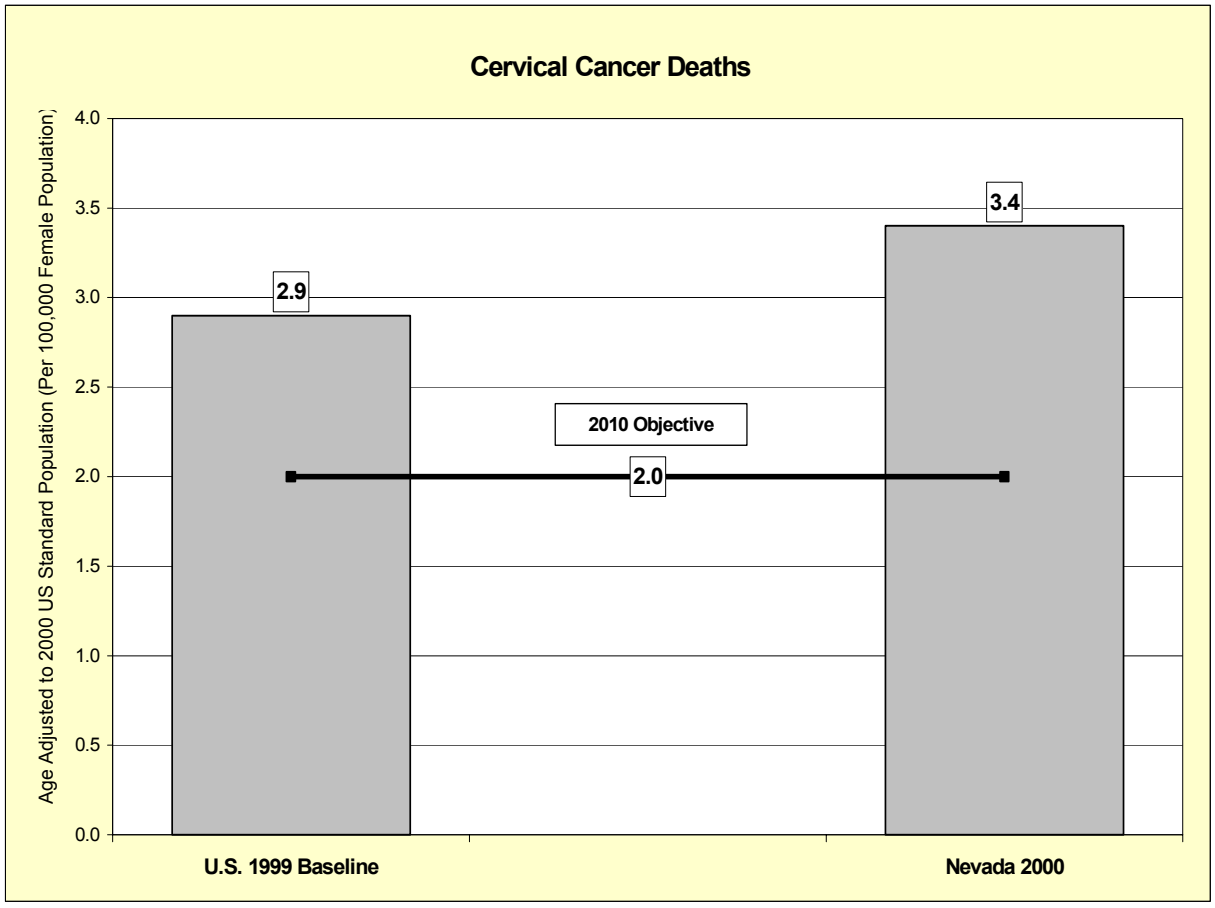
Objective 3.4 CERVICAL CANCER DEATHS

Reduce deaths from cancer of the uterine cervix to 2.0 per 100,000 females.

Cancer of the uterine cervix is not one of the most common types of cancer among women. The incidence of invasive cervical cancer has decreased over the past several decades. Mortality rates have also declined sharply. The incidence of cervical cancer is higher among racial and ethnic minorities. Cervical cancer risk is closely linked to sexual behavior and sexually transmitted infections. Use of the Pap test as a screening tool has proven to greatly reduce the risk of death. There were only 33 cervical cancer deaths among Nevada females in 2000.

U.S. 1999 Baseline	Nevada 2000	2010 Objective
2.9 *	3.4 *	2.0 *

The 2000 age-adjusted Nevada rate for cervical cancer deaths was above the U.S. rate. It appears that the U.S. and Nevada may be able to achieve the Year 2010 target of 2.0.



* Rates are age-adjusted to the year 2000 and are per 100,000 females.

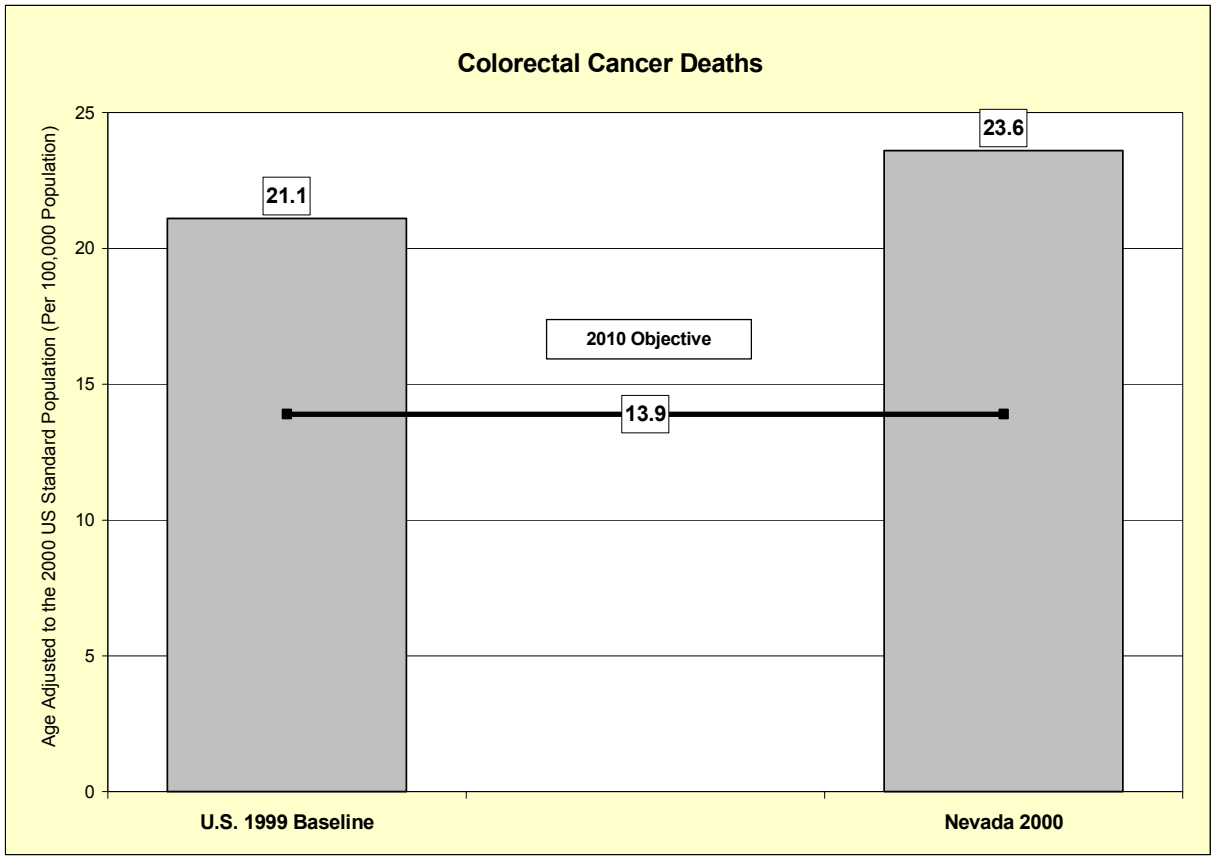
Objective 3.5 COLORECTAL CANCER DEATHS

Reduce the colorectal cancer death rate to 13.9 per 100,000 population.

Colorectal cancer is the third most common type of cancer in Nevada. Colorectal cancer is the second leading cause of cancer deaths in the U.S. and Nevada. The 412 colorectal cancer deaths among Nevada residents in 2000 accounted for 11% of all cancer deaths. Mortality rates for colorectal cancer have fallen about 25% for women and 13% for men during the past 20 years reflecting decreasing incidence rates and increasing survival rates. The main reasons are improvements in early detection and treatment.

U.S. 1999 Baseline	Nevada 2000	2010 Objective
21.1 *	23.6 *	13.9 *

The 2000 age-adjusted mortality rate for Nevada was slightly higher than the U.S. rate. Both the U.S. rate and the Nevada rate, in particular, were more than 50% higher than the Year 2010 objective of 13.9.



* Rates are age-adjusted to the year 2000 and are per 100,000 population.

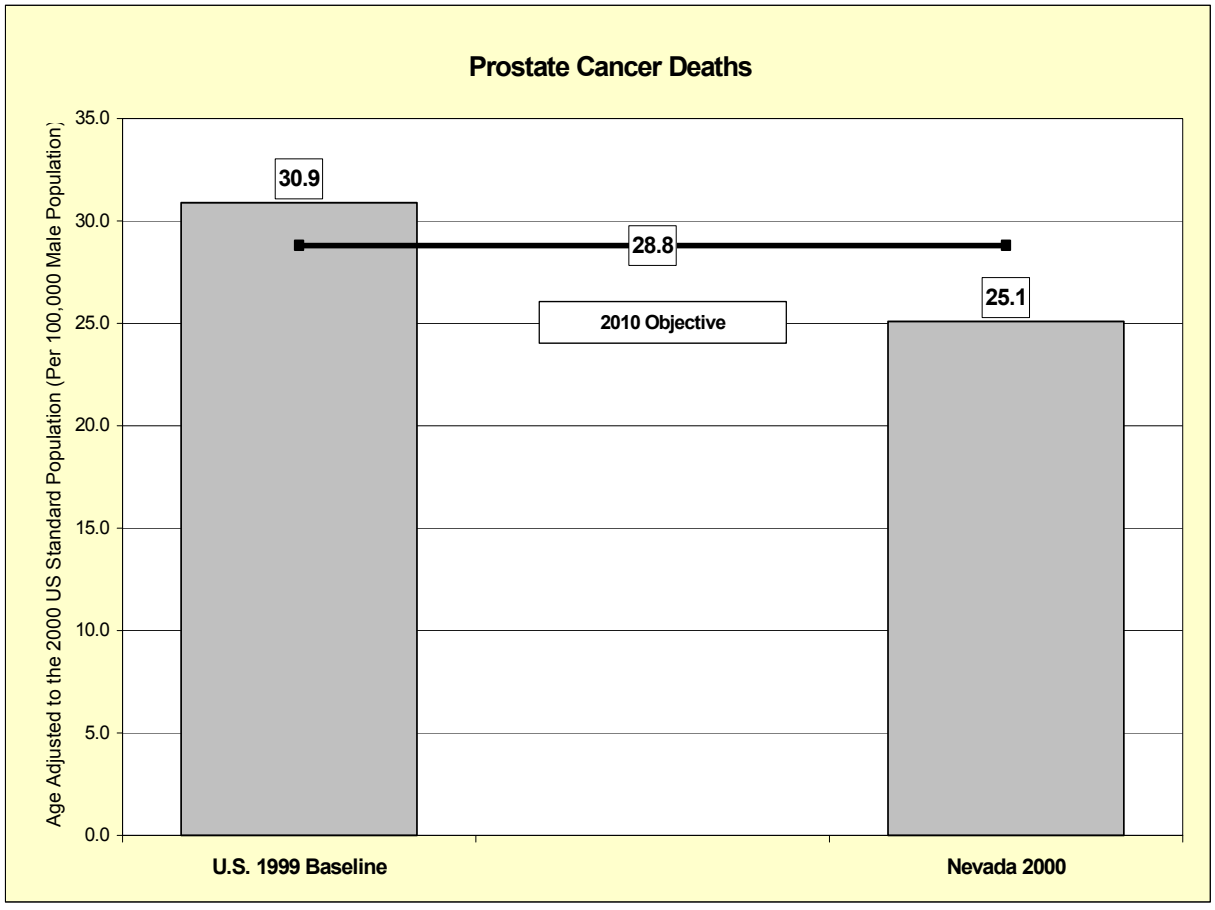
Objective 3.7 PROSTATE CANCER DEATHS

Reduce the prostate cancer death rate to 28.8 per 100,000 males.

Prostate cancer was the third leading type of cancer in Nevada between 1996 to 2000. Prostate cancer is most common in men aged 60 and older, who account for over 80% of all cases. Prostate cancer was the second leading cause of cancer deaths among men in the U.S. and in Nevada (171 deaths) in 2000. Between 1992 and 1996 prostate cancer mortality rates declined significantly and have continued to decline at a moderate rate. Prostate cancer mortality rates remain more than two times higher for black men than white men.

U.S. 1999 Baseline	Nevada 2000	2010 Objective
30.9 *	25.1 *	28.8 *

The Nevada age-adjusted mortality rate for 2000 was lower than the U.S. baseline rate. **The Nevada rate is already lower than the Year 2010 objective of 28.8 per 100,000 and the U.S. rate is very close.**



* Rates are age-adjusted to the year 2000 and are per 100,000 males.

Objective 3.11 PAP SCREENING

Increase the proportion of women aged 18 and older who received a Pap test within the past three years to 90%. (* age-adjusted)

U.S. 2000 Baseline	Nevada 2000	2010 Objective
87%	84%	90% *

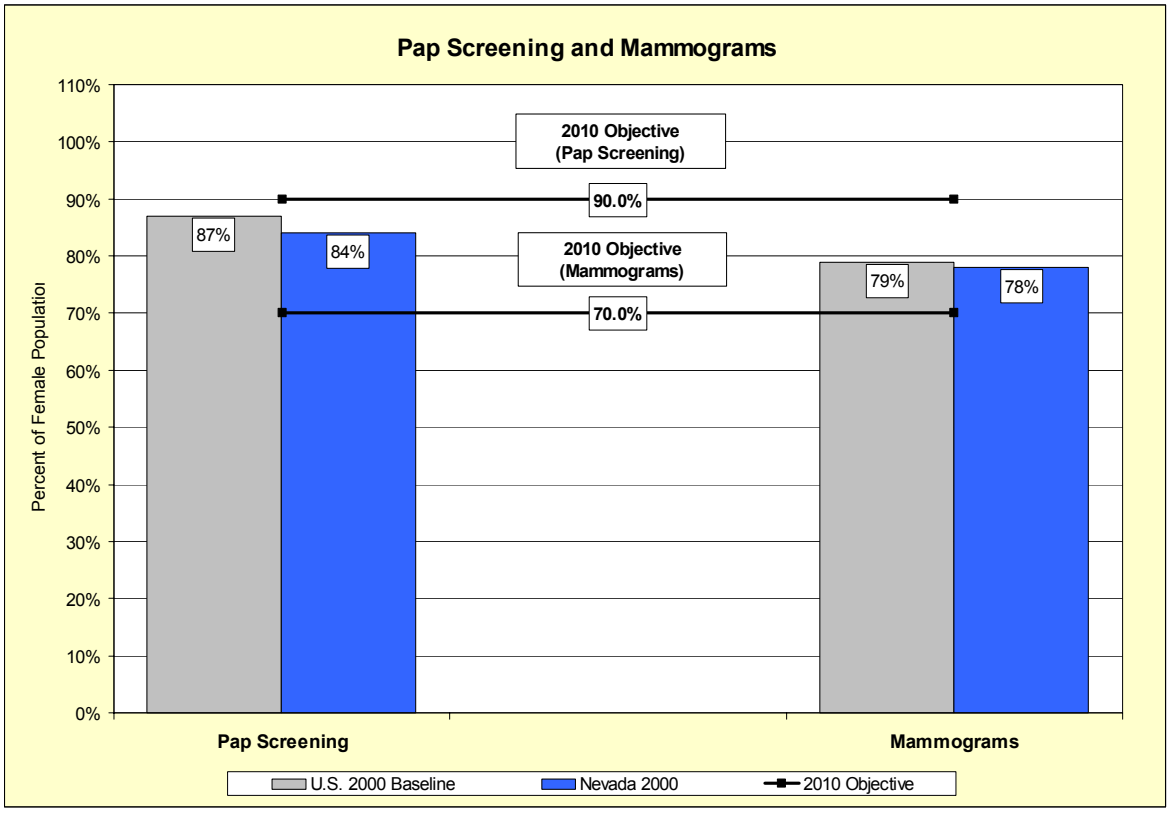
Studies show that the Pap test is effective in screening for cancer of the uterine cervix, reducing mortality by as much as 75%. Older women are least likely to seek screening. Nevada's rate is lower than the U.S. baseline, but appears within reach of the objective.

Objective 3.13 MAMMOGRAMS

Increase the proportion of women aged 40 and over who have received a mammogram within the preceding two years to 70%. (* age-adjusted)

U.S. 2000 Baseline	Nevada 2000	2010 Objective
79%	78% (age 50+)	70% *

Research indicates that mortality due to breast cancer can be reduced by 30% among women 50 and older through clinical breast exams and mammography. Note -Nevada's 78% rate is for women age 50+, not 40+, and is not age-adjusted.



5. DIABETES

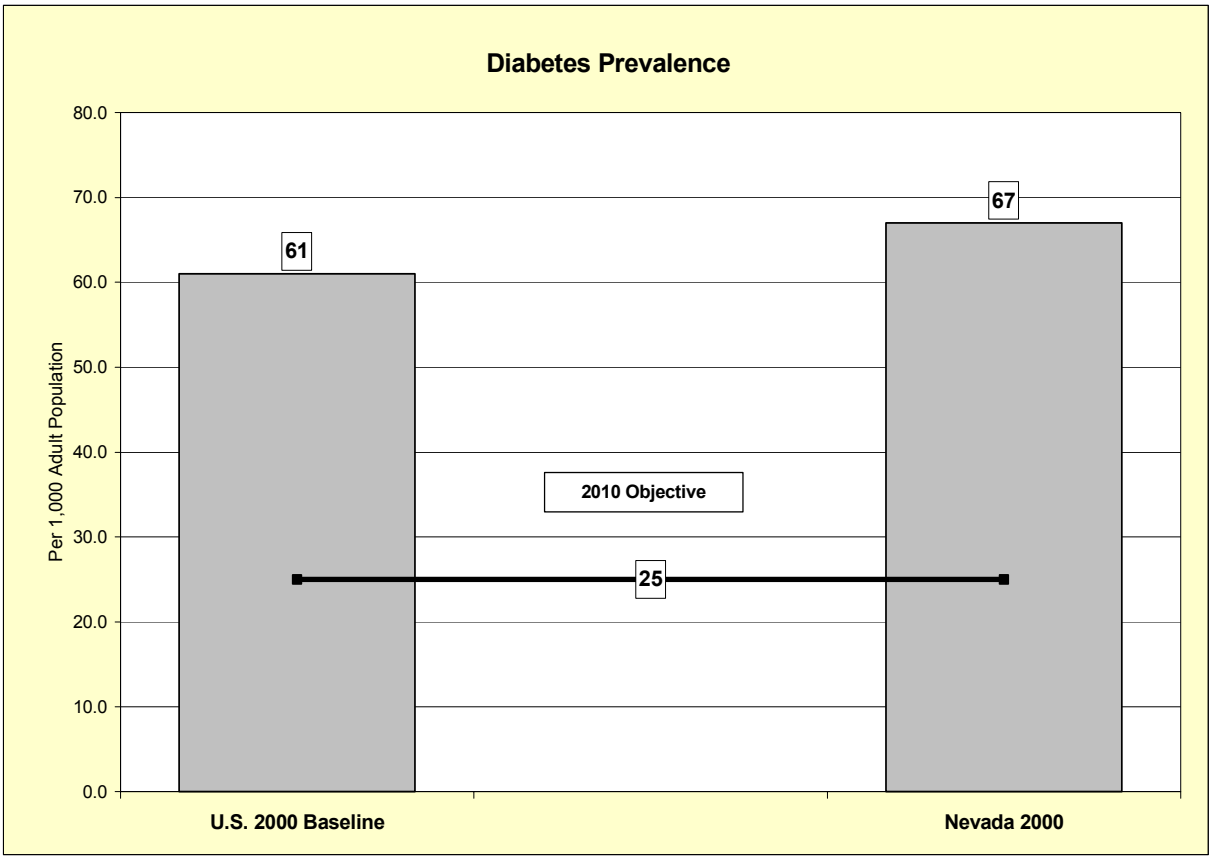
Objective 5.3 DIABETES PREVALENCE

Reduce the rate of clinically diagnosed diabetes to 25 cases per 1,000 adults.

Diabetes is a chronic, metabolic disease characterized by high blood glucose levels caused by a deficiency in insulin production. Diabetes affects almost 16 million Americans, over a third of whom are not diagnosed. It has no cure and left untreated can be fatal. The death toll is over 165,000 Americans a year, mostly from heart disease and high blood pressure. It is a major cause of lower extremity amputation, blindness, and end-stage renal disease. Diabetes, especially Type 2, is increasing.

U.S. 2000 Baseline	Nevada 2000	2010 Objective
61 *	67 *	25 *

According to the 2000 Behavioral Risk Factor Surveillance Survey, Nevada's rate is slightly higher than the U.S. rate. Given the trend, neither the U.S. nor Nevada will achieve the Healthy People 2010 target of 25 cases per 1,000 population.



* Rates are per 1,000 adults age 18 and over.

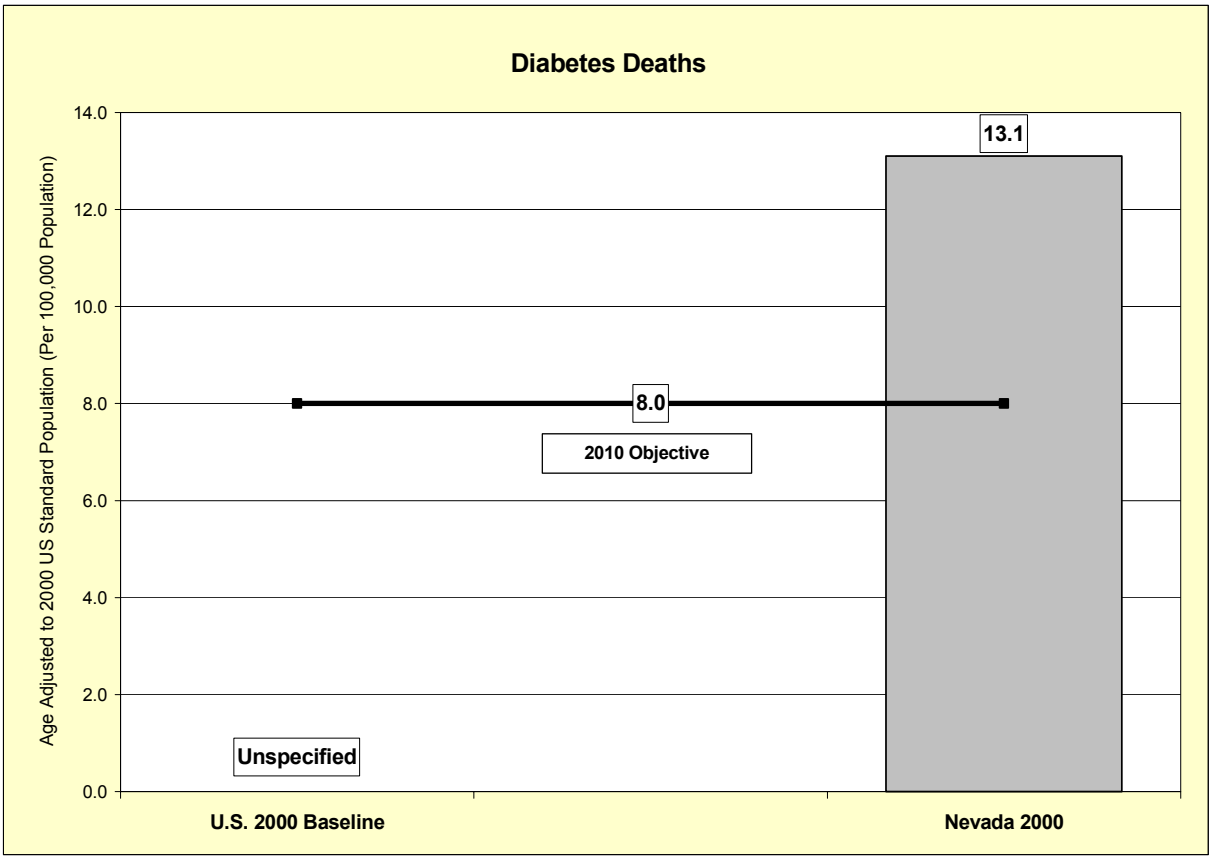
Objective 5.5 DIABETES DEATHS

Reduce diabetes-caused deaths to no more than 8.0 per 100,000 persons.

Diabetes is a leading cause of death in the United States. In recent years it has been ranked between number eight and ten in Nevada. Persons with diabetes experience death rates two to four times greater than nondiabetic persons. Cardiovascular disease is the leading cause of death among people with diabetes, accounting for over one-half of all diabetes-related deaths. Blacks, Hispanics, and Native Americans, in particular, are most affected by the disease and its complications. The actual impact of diabetes on mortality rates is underestimated because of misclassification and underreporting on death certificates.

U.S. 2000 Baseline	Nevada 2000	Nevada 2010 Objective
unspecified	13.1 *	8.0 *

In 2000 there were 266 diabetes-caused deaths among Nevada residents for a rate of 13.1 per 100,000. Achieving the year 2010 objective will be a challenge.



* Rates are per 100,000 population.

Objective 5.12 GLYSOSYLATED HEMOGLOBIN MEASUREMENT

Increase the proportion of adults with diabetes who have had a glycosylated hemoglobin measurement at least once a year to 50%.

Several laboratory tests including glycosylated hemoglobin (glycohemoglobin or hemoglobin A1c), fructosamine, and glycosylated protein are used to evaluate blood sugar levels.

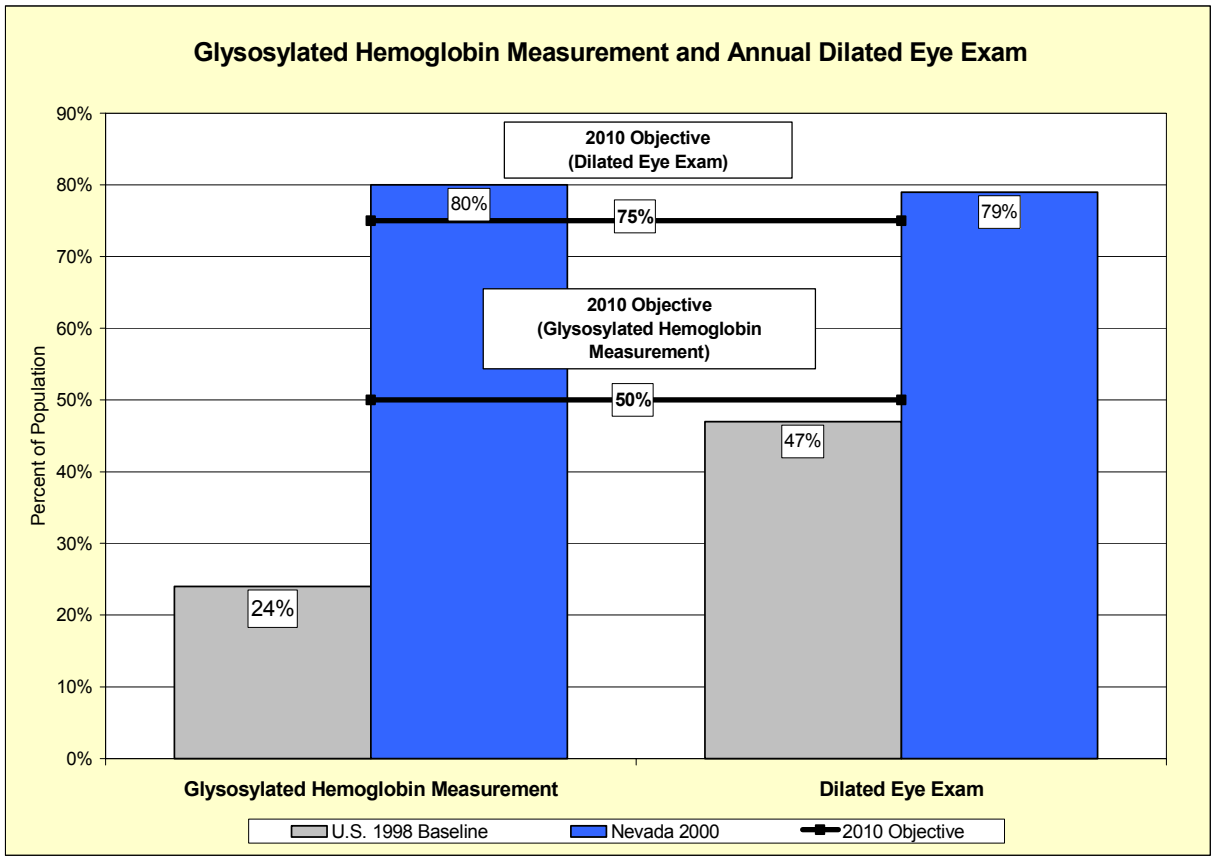
Objective 5.13 ANNUAL DILATED EYE EXAM

Increase the proportion of diabetic adults who have annual dilated eye exams to 75%.

Diabetes can cause an eye disorder known as diabetic retinopathy which affects the small blood vessels in the retina. Retinopathy may sometimes lead to blindness.

	U.S. 1998 Baseline	Nevada 2000	2010 Objective
Glycosylated Hemoglobin	24% *	80%	50% *
Dilated Eye Exam	47% *	79%	75% *

The Nevada rate for the glycosylated hemoglobin test already significantly exceeds the year 2010 objective. Nevada's rate for annual dilated eye examinations is also above the year 2010 target. Neither Nevada rate is age-adjusted, which hinders comparison.



* The U.S. rates and 2010 objective rates are age-adjusted to the year 2000.

7. EDUCATIONAL AND COMMUNITY-BASED PROGRAMS

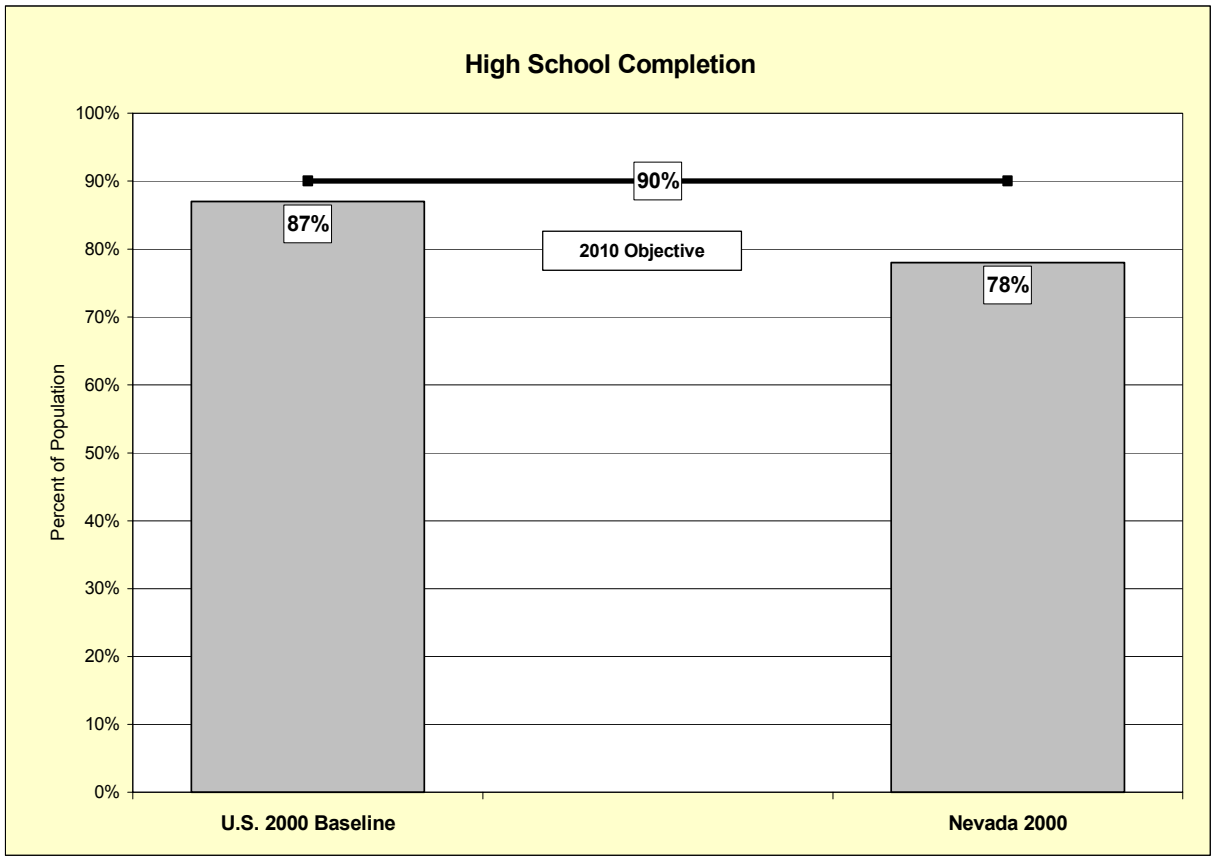
Objective 7.1 High School Completion

Increase high school completion to 90% of persons aged 18 to 24.

Dropping out of school is associated with delayed employment opportunities, poverty, and poor health. During adolescence, dropping out is also associated with multiple social and health problems including substance abuse, delinquency, intentional and unintentional injury, and unintended pregnancy. Completing a high school education is essential in order to access additional education and training for the labor force. According to a Nevada Department of Education study, during the 1998-99 school year the dropout rate for public schools was 7.8%, with seniors at 15.1%.

U.S. 2000 Baseline	Nevada 2000	2010 Objective
87%	78%	90%

The U.S. baseline rate of 87% is for persons ages 18 to 24 in 2000 who had completed high school. Nevada's rate of 78% according to the U.S. Census Bureau was the second lowest in the nation. Achieving the year 2010 target will be a great challenge.



9. FAMILY PLANNING

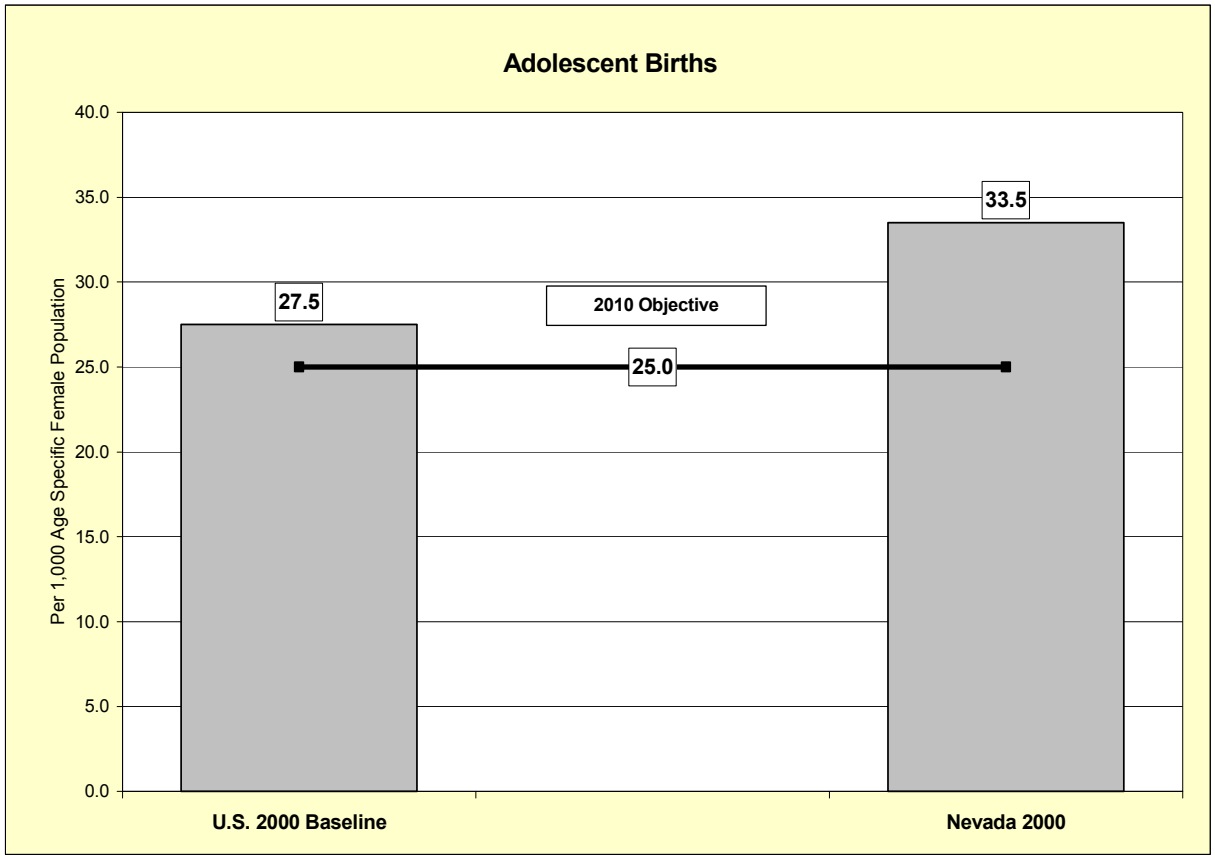
Objective 9.7 ADOLESCENT BIRTHS

Reduce live births among adolescent females aged 15-17 to 25 per 1000.

Few situations are as life-changing for a young woman and her family as an unintended, out-of-wedlock pregnancy which results in the birth of a child. Personal and social consequences of children having children involve significant public policy issues. The assumption that, in general, teen pregnancies are unintended is borne out by the fact that only about 2% of adolescent girls age 15-17 are married. The 1,270 births to females ages 15 to 17 amounted to 4.2% of all live births to Nevada residents in 2000.

U.S. 2000 Baseline	Nevada 2000	Nevada 2010 Objective
27.5 *	33.5 *	25.0 *

The Nevada figure for live births to teen females ages 15 to 17 is higher than the U.S. rate. The rates for the U.S. and Nevada have declined since the mid-90s. Whereas a national year 2010 target is not specified, a Nevada target was set at 25.



* Rates are per 1,000 females aged 15–17.

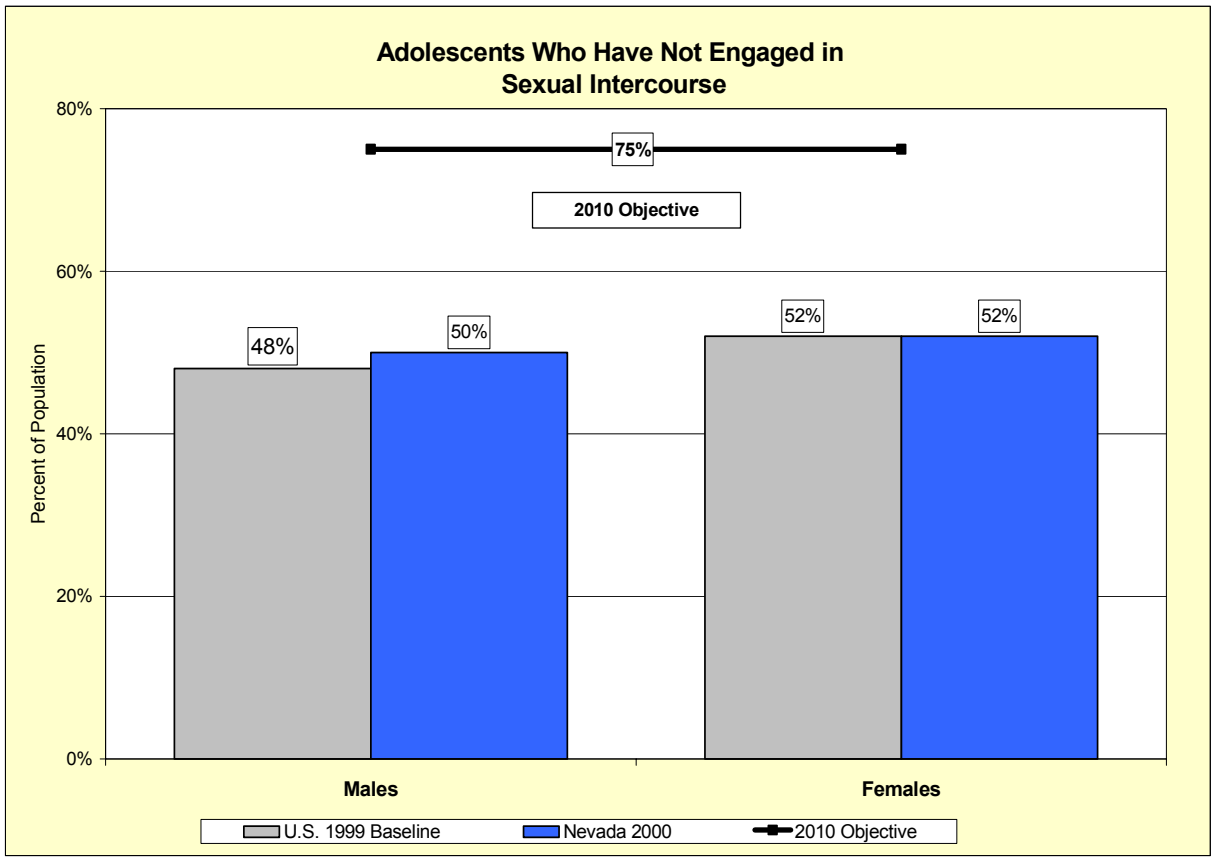
Objective 9.9 ADOLESCENT SEXUAL INTERCOURSE

Increase the proportion of adolescents aged 15–17 who have never engaged in sexual intercourse to 75% for females and males.

In recent years the rate of sexual activity among adolescents has increased and the age at which teenagers initiate sexual activity has decreased. Needless to say, initiation of sexual activity at a young age greatly increases the risk of unintended pregnancy and sexually transmitted diseases. Teenagers account for about one-third of unintended pregnancies with three-quarters of them occurring among teens who are not practicing contraception. Alcohol and drug use may serve as predisposing factors for initiation of sexual activity and unprotected sexual intercourse.

U.S. 1999 Baseline		Nevada 2000	2010 Objective
Females	**52%**	**52%**	**75%**
Males	**48%**	**50%**	**75%**

The Nevada rates for female and male adolescents who have never had sexual intercourse are about the same as the U.S. baselines. It appears that both the U.S. and Nevada rates are out of reach of year 2010 target of 75% each.



10. FOOD SAFETY

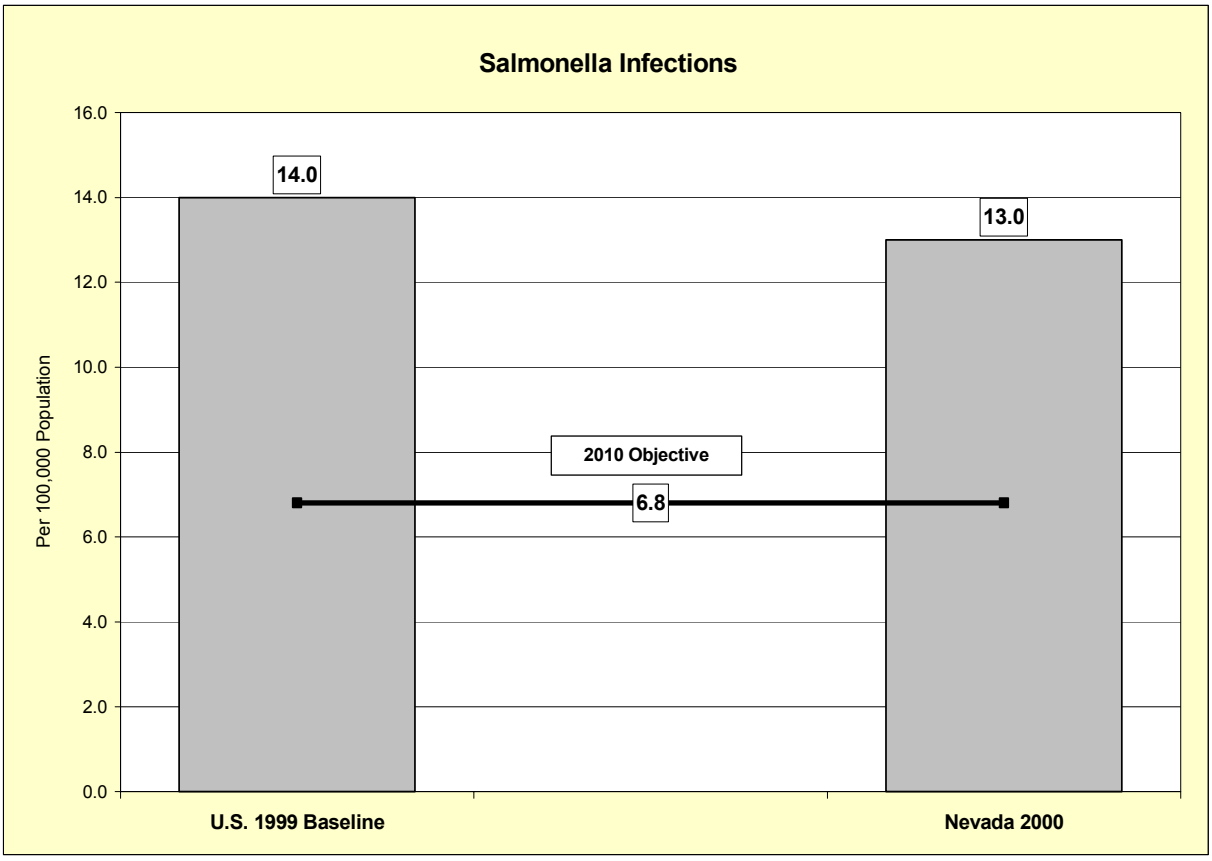
Objective 10.1 SALMONELLA INFECTIONS

Reduce infections caused by salmonella to 6.8 per 100,000 population.

The development of systems to protect consumers from dangers posed by unapproved food additives, pesticides, food contaminants, and drugs has been a major public health accomplishment. Nevertheless, foodborne illness continues to impose a burden on public health and contributes significantly to the cost of health care. Salmonella infections and outbreaks are usually the result of improper food handling or sanitation.

U.S. 1999 Baseline	Nevada 2000	2010 Objective
14 *	13 *	6.8 *

Although the Nevada 2000 baseline was slightly less than the U.S. baseline, it is almost twice the 2010 objective. Nevada's total of 265 salmonella foodborne infections in 2000 translated to a rate of 13.0 infections per 100,000 people.



* Rates are per 100,000 population.

12. HEART DISEASE AND STROKE

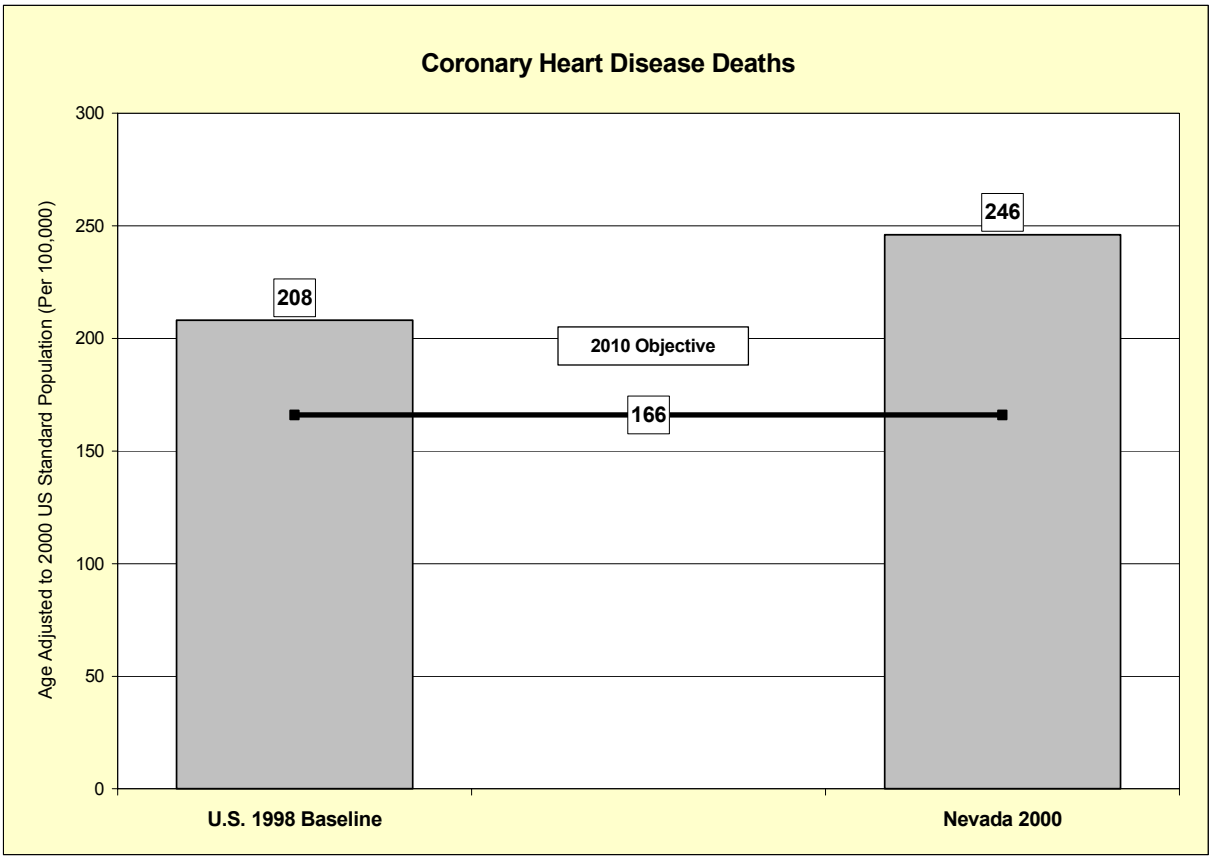
Objective 12.1 CORONARY HEART DISEASE DEATHS

Reduce coronary heart disease deaths to no more than 166 per 100,000 population.

Despite dramatic improvements in reducing the death toll, heart disease remains the leading cause of death in the U.S. and Nevada. In 2000 heart disease accounted for 4,001 deaths or 27% of all deaths among Nevada residents. In addition to major risk factors such as high blood pressure, high blood cholesterol and smoking, other important factors include socioeconomic status, obesity, and a sedentary lifestyle.

U.S. 1998 Baseline	Nevada 2000	2010 Objective
208 *	246 *	166 *

The age-adjusted death rate per 100,000 in Nevada due to heart disease was 246 in 2000. Nevada's rate was significantly higher than the U.S. rate. Nevada appears out of reach of the Year 2010 objective of 166.



* Rates are age-adjusted to the year 2000 and are per 100,000 population.

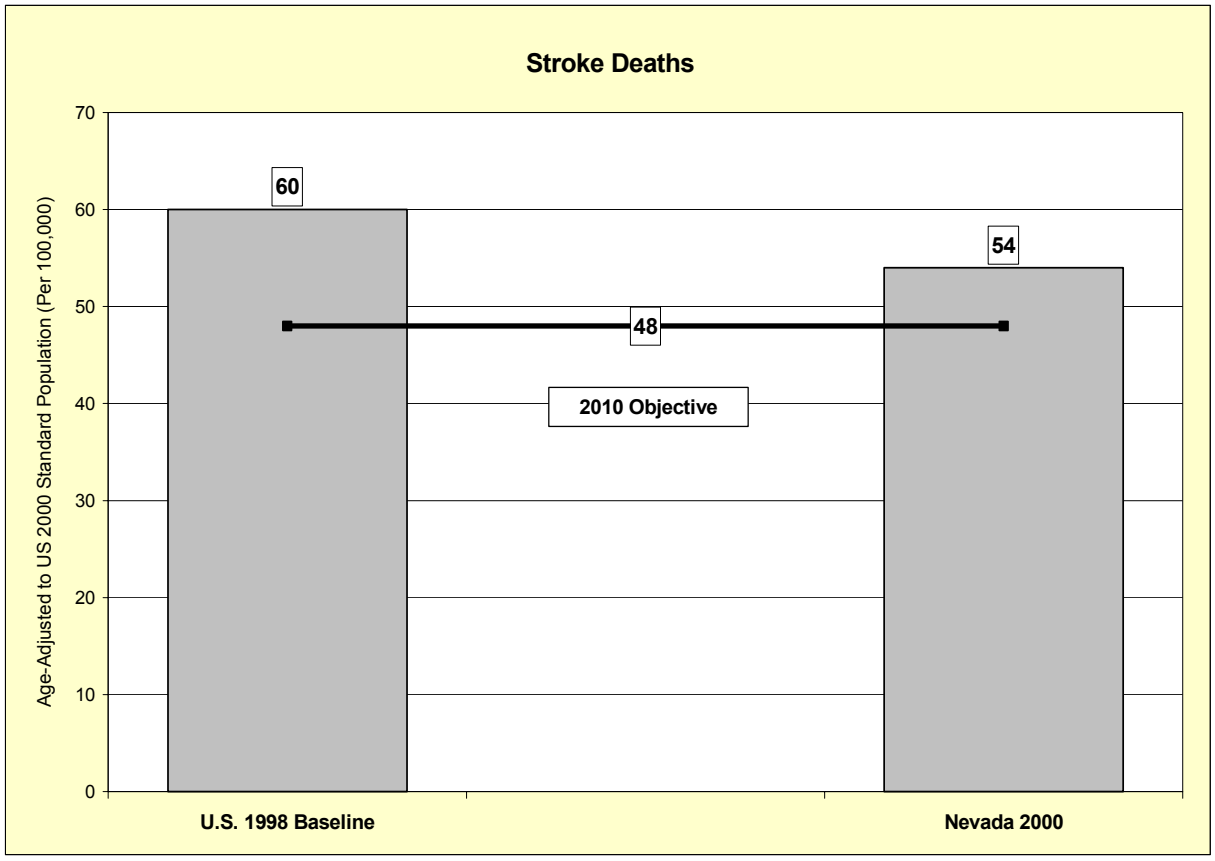
Objective 12.7 STROKE DEATHS

Reduce stroke deaths to no more than 48 per 100,000 population.

Stroke is the third leading cause of death in the nation and the fourth leading cause in Nevada with 846 resident deaths in 2000. Stroke is also a major cause of morbidity to the hundreds of thousands of Americans who suffer non-fatal strokes each year. Fortunately, stroke mortality has declined by over 50% in the past 20 years. Hypertension or high blood pressure is the greatest risk factor associated with strokes. The term stroke is often used synonymously with the term cerebrovascular disease

U.S. 1998 Baseline	Nevada 2000	2010 Objective
60 *	54 *	48 *

The age-adjusted rate of 54 per 100,000 for stroke deaths in Nevada in 2000 was lower than the U.S. baseline rate. It appears that both the U.S. and Nevada are within reach of the Year 2010 target.



* Rates are age-adjusted to the year 2000 and are per 100,000 population.

13. HIV

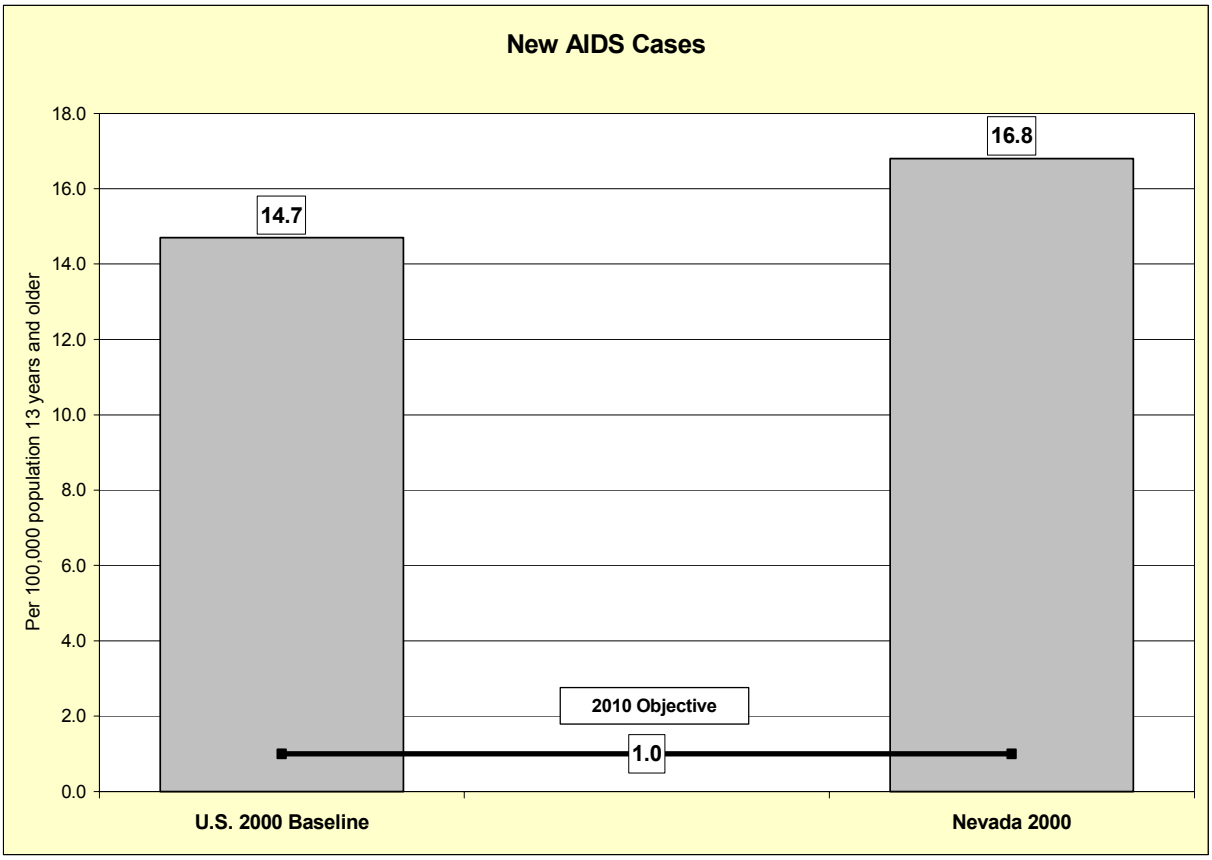
Objective 13.1 NEW AIDS CASES

Reduce AIDS among adolescents and adults to no more than 1.0 new cases per 100,000 persons aged 13 and older.

Acquired Immunodeficiency Syndrome (AIDS) was first recognized in the U.S. in 1981. The causative agent for AIDS - Human Immunodeficiency Virus (HIV) – was discovered several years later. HIV/AIDS has become a global disease pandemic. By the end of 2000, more than 774,400 cases of AIDS had been reported in the U.S. In 2000 there were 277 new AIDS cases in Nevada, continuing the recent decline.

U.S. 2000 Baseline	Nevada 2000	2010 Objective
14.7 *	16.8 *	1.0 *

The 2000 Nevada rate is higher than the U.S. 2000 baseline rate. Both rates are expected to continue to decrease steadily. Notably, the Nevada rate is significantly lower than the preceding Healthy People 2000 target of 43 per 100,000 (age 18+).



* Rates are per 100,000 persons aged 13 years and older.

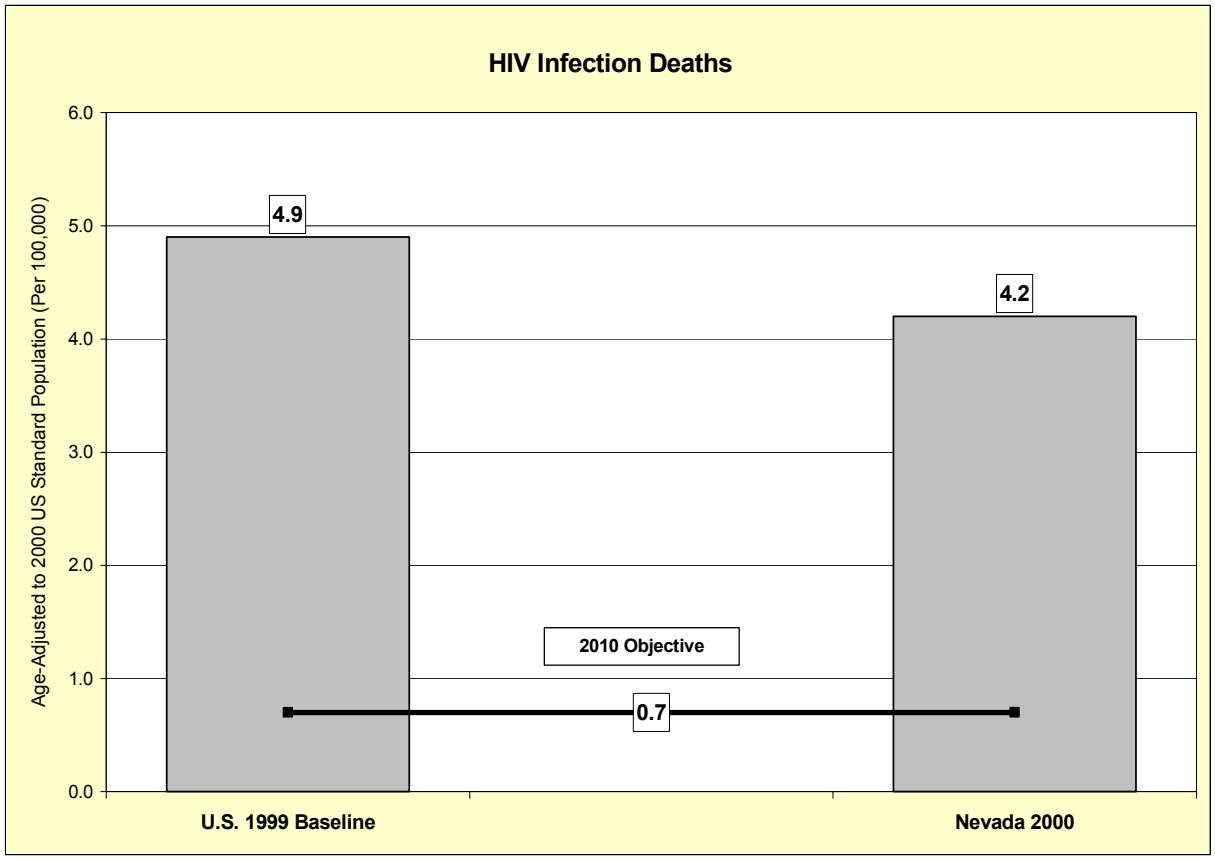
Objective 13.14 HIV INFECTION DEATHS

Reduce deaths from HIV infection to no more than 0.7 deaths per 100,000 persons.

By the end of 1998, nearly 410,000 people had died from HIV/AIDS out of the 680,00 cases reported in the United States. HIV/AIDS remains a significant cause of illness, disability and death despite dramatic declines in the past few years. In 1992 HIV/ AIDS became a leading cause of death among persons aged 25 to 44 years. Except for African-Americans, this is no longer the case. There were 87 HIV infection deaths in Nevada in 2000. Recent improvements in treatment have been very beneficial in slowing the course of the disease.

U.S. 1999 Baseline	Nevada 2000	2010 Objective
4.9 *	4.2 *	0.7 *

The 2000 Nevada rate was slightly less than the U.S. baseline rate. With death rates declining, it is unclear where the U.S. and Nevada rates may stand by the Year 2010.



* Rates are age-adjusted to the year 2000 and are per 100,000 persons.

14. IMMUNIZATION AND INFECTIOUS DISEASES

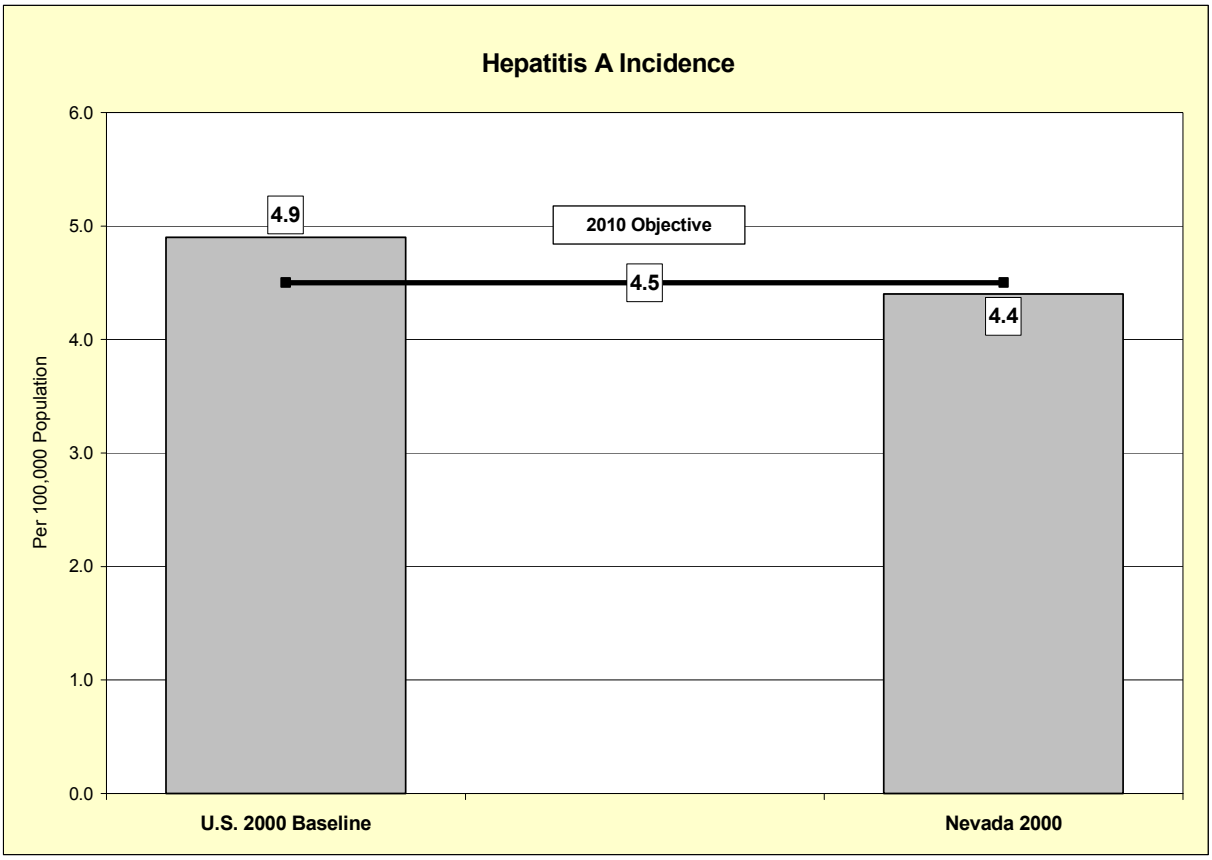
Objective 14.6 HEPATITIS A INCIDENCE

Reduce the incidence of Hepatitis A to 4.5 new cases per 100,000 population.

The control of infectious diseases is one of the most important accomplishments of public health in this century. The availability of vaccines and antibiotics, improved hygiene, regulations for food handling, and treated water supplies have been largely responsible. However, infectious diseases such as old ones like tuberculosis and new one like HIV/AIDS persist as a major cause of morbidity and mortality. Regarding Hepatitis A, the very young, the very old and Native Americans are particularly at risk.

U.S. 2000 Baseline	Nevada 2000	2010 Objective
4.9 *	4.4 *	4.5 *

The Nevada 2000 baseline was slightly lower than the U.S. baseline. **At 4.4 new cases per 100,000 (90 total), Nevada has already reached the 2010 objective.**



* Rates are per 100,000 population.

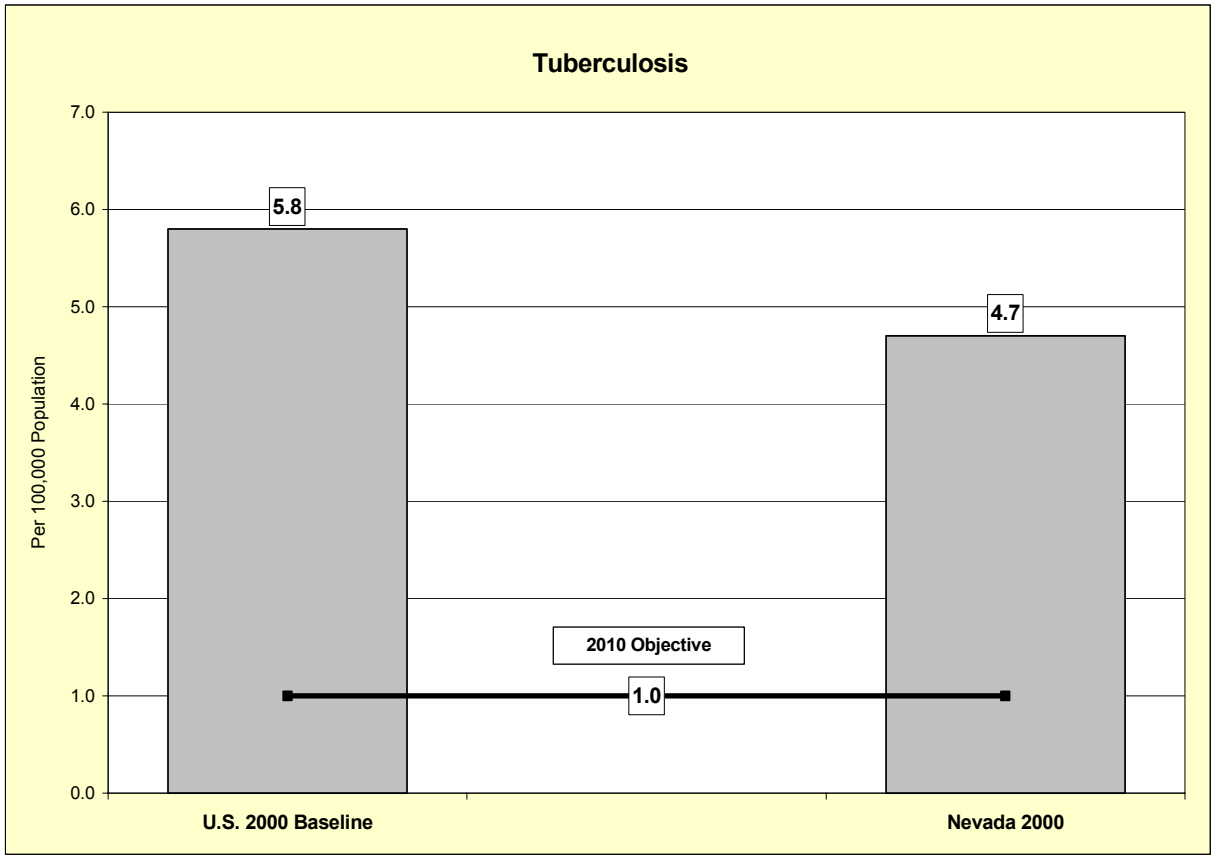
Objective 14.11 TUBERCULOSIS

Reduce tuberculosis to an incidence of 1.0 new cases per 100,000 population.

Tuberculosis is transmitted primarily through airborne droplets such as those from coughs and sneezes. Following a resurgence, new cases of TB have declined gradually since 1992. The highest priority for TB control is to ensure that persons with the disease complete curative therapy in order to prevent transmission of the disease and the development of drug-resistant TB. Tuberculosis rates are much higher in minority groups and immigrants, which account for about two-thirds of reported cases.

U.S. 2000 Baseline	Nevada 2000	2010 Objective
5.8 *	4.7 *	1.0 *

The 2000 Nevada rate of 4.7 new cases per 100,000 (95 total cases) was lower than the U.S. baseline rate. It appears that achieving the 2010 target will be a significant challenge at both the national and State of Nevada level.



* Rates are per 100,000 population.

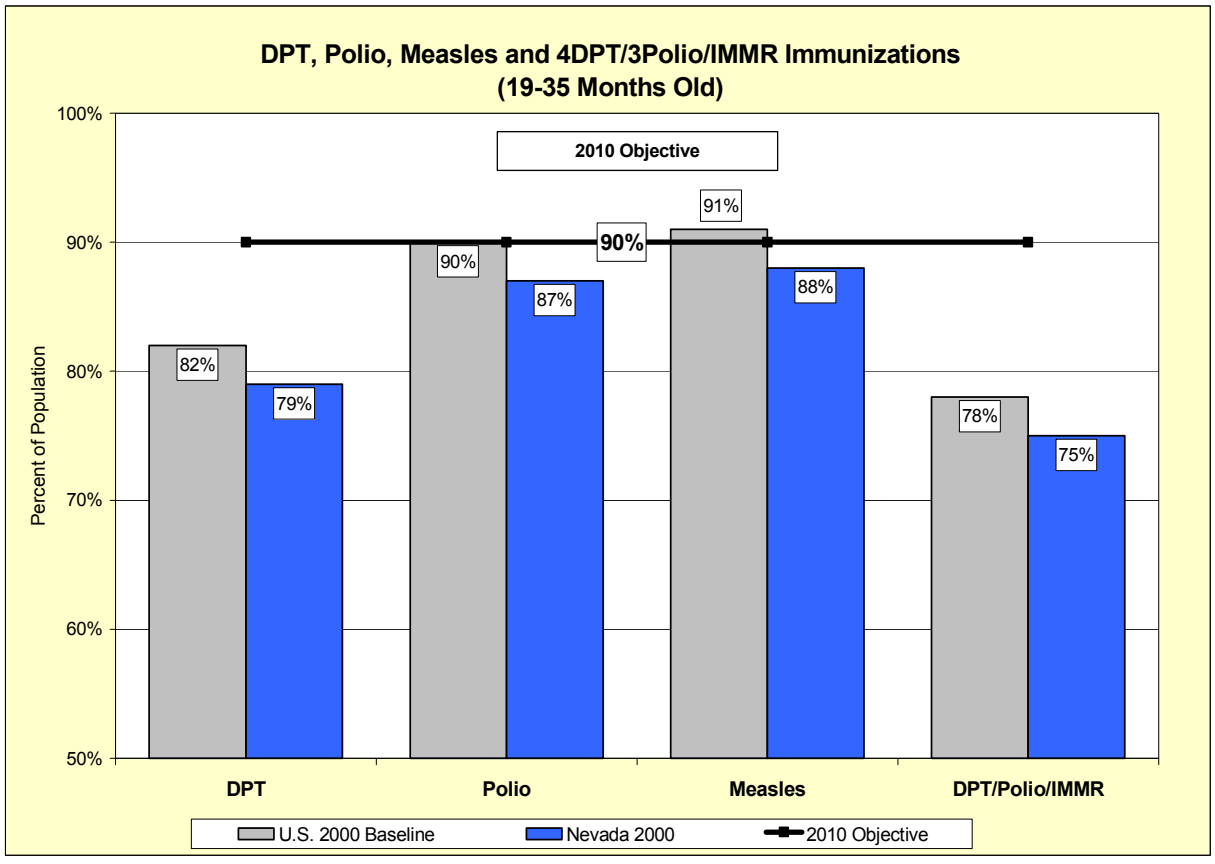
Objective 14.22 IMMUNIZATIONS

Increase immunization levels for young children aged 19 through 35 months to 90%.

Vaccination coverage levels of 90% are, in general, sufficient to prevent circulation of viruses and bacteria causing vaccine-preventable diseases (VPD). Maintenance of high vaccination coverage levels in early childhood, currently the highest ever recorded, is the best way to prevent the spread of VPDs in childhood and help control VPDs among adults. A goal of the National Childhood Immunization Initiative is to establish a system for effective vaccine programs for preschool children.

U.S. 2000 Baseline		Nevada 2000	2010 Objective
4 DPT	82%	79%	90%
3 Polio	90%	87%	90%
Measles (1 MMR)	91%	88%	90%
DPT/Polio/MMR (4/3/1)	78%	75%	90%

All four Nevada rates are slightly lower than the 2000 U.S. baseline rates. Nevada should be able to attain at least two (polio and measles) of the Year 2010 objectives.



15. INJURY AND VIOLENCE PREVENTION

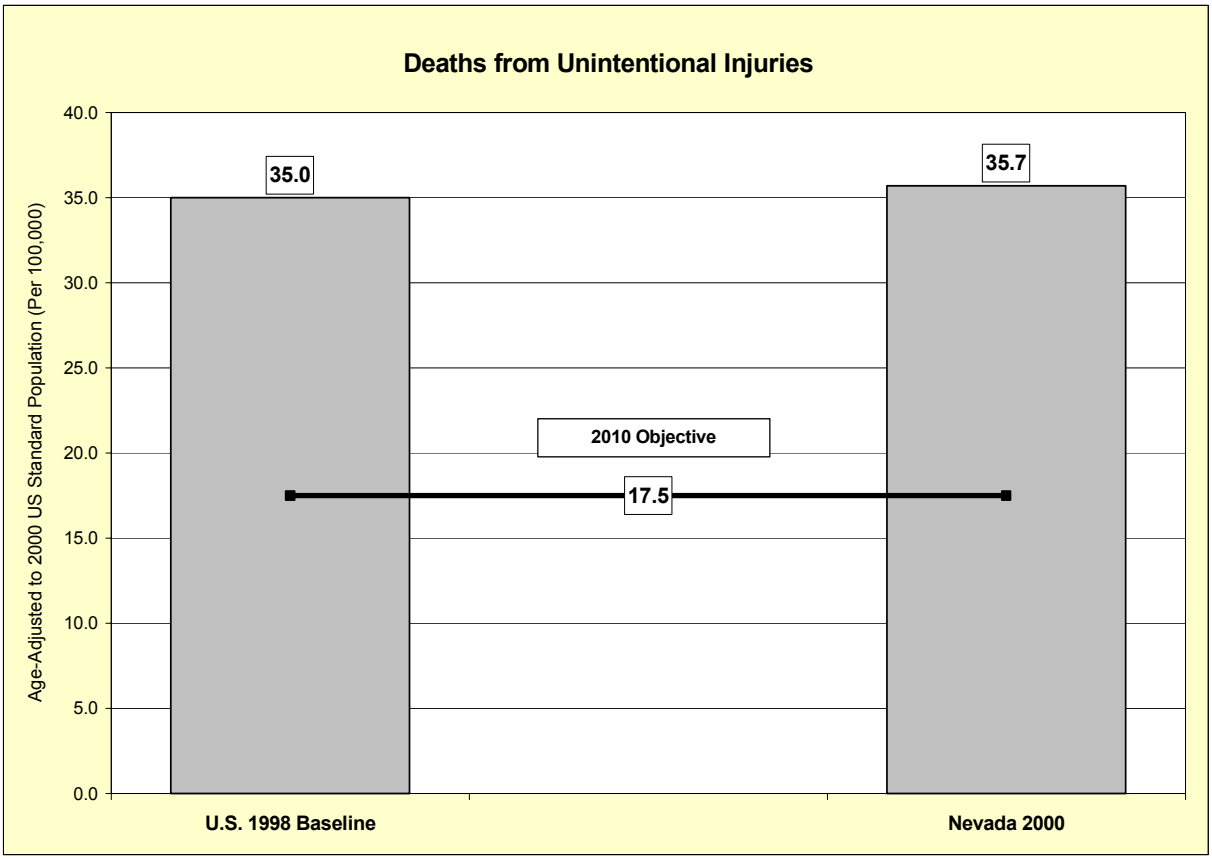
Objective 15.13 DEATHS FROM UNINTENTIONAL INJURIES

Reduce deaths caused by unintentional injuries to no more than 17.5 per 100,000 people.

Unintentional injuries are the fifth leading cause of death in the U.S. and Nevada. Deaths due to motor vehicle accidents, falls, drowning, poisoning, and fires are included in this category. They are the leading cause of death for persons aged 1-44 years and are a major cause of disability. There were 686 accidental deaths among Nevada residents in 2000. Motor vehicle deaths accounted for over 40% of the total.

U.S. 1998 Baseline	Nevada 2000	2010 Objective
35.0 *	35.7 *	17.5 *

The Nevada age-adjusted rate of 35.7 was about the same as the U.S. baseline. Both the U.S. and Nevada rates are twice as high as the Year 2010 target.



* Rates are age-adjusted to the year 2000 and are per 100,000 persons.

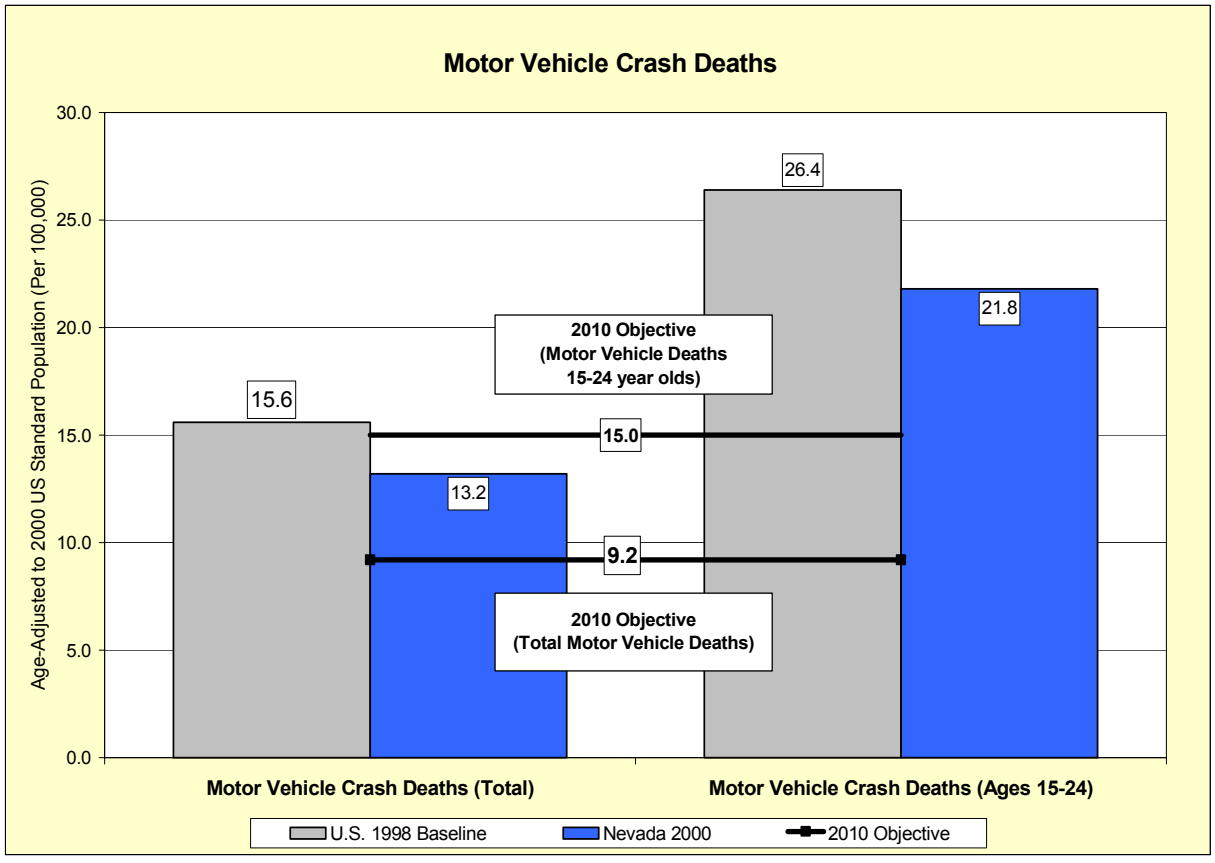
Objective 15.15 MOTOR VEHICLE CRASH DEATHS

Reduce deaths caused by motor vehicle crashes to no more than 9.2 per 100,000 total population and 15.0 per 100,000 for persons aged 15-24.

Over 41,800 Americans died on U.S. highways in 2000 and more than 3.2 million were injured. Motor vehicle-related injuries kill more children and young adults (age 1-24) than any other single cause in the United States. The figures for Nevada were 266 resident deaths in 2000. For persons aged 15-24, there were 57 resident deaths in 2000. Alcohol is the most significant risk factor. Failure to wear a seatbelt or a motorcycle helmet is also a major risk factor.

U.S. 1998 Baseline		Nevada 2000	2010 Objective
Total	15.6 *	13.2 *	9.2 *
Age 15-24	26.4 **	21.8 **	15.0 **

The Nevada rate for resident motor vehicle crash deaths was below the U.S. baseline. The Nevada rate for residents age 15 to 24 was also lower than the U.S. baseline. Both sets of rates are substantially higher than their respective Year 2010 targets.



* Rates are age-adjusted to the year 2000 and are per 100,000 persons. ** Rates are per 100,000.

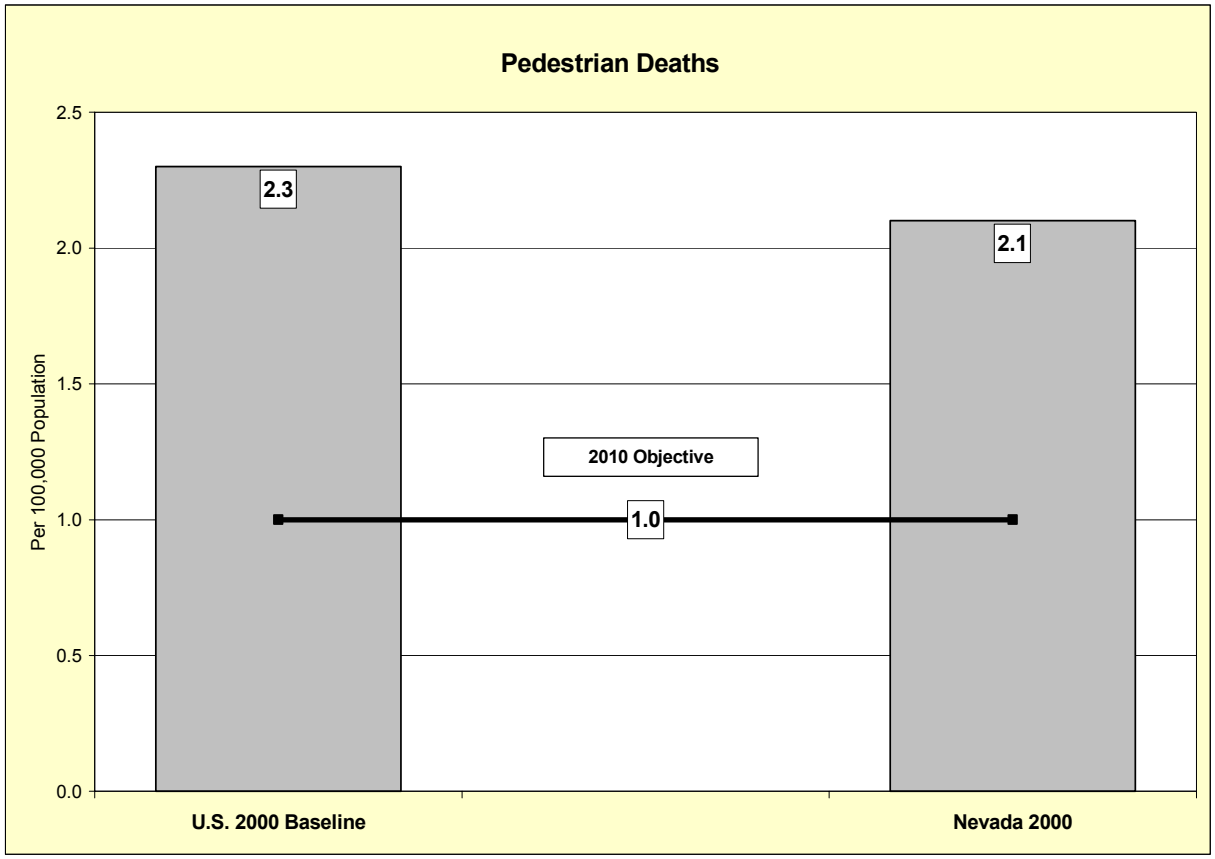
Objective 15.16 PEDESTRIAN DEATHS

Reduce pedestrian deaths to no more than 1.0 per 100,000 people.

From 1975 to 2000, pedestrian fatality rates across the nation decreased 41%, from 4.0 per 100,000 in 1975 to 2.3 in 2000, but still account for 13% of motor vehicle-related deaths. Factors which have contributed include one-way traffic flow, more and better sidewalks, playgrounds away from streets, and restricted on-street parking. Pedestrian deaths and injuries are worst among young children and the elderly. In 2000 there were a total of 52 pedestrian deaths in Nevada including 43 of which were Nevada residents. Nevada had long ranked among the worst states in the nation for pedestrian fatalities.

U.S. 2000 Baseline	Nevada 2000	2010 Objective
2.3 *	2.1 *	1.0 *

The Nevada rate for 2000 for Nevada residents only was slightly lower than the U.S. baseline. The Nevada rate for pedestrian deaths including non-residents was 2.6. Achieving the Year 2010 objective will be difficult for both the U.S. and Nevada.



* Rates are per 100,000 people.

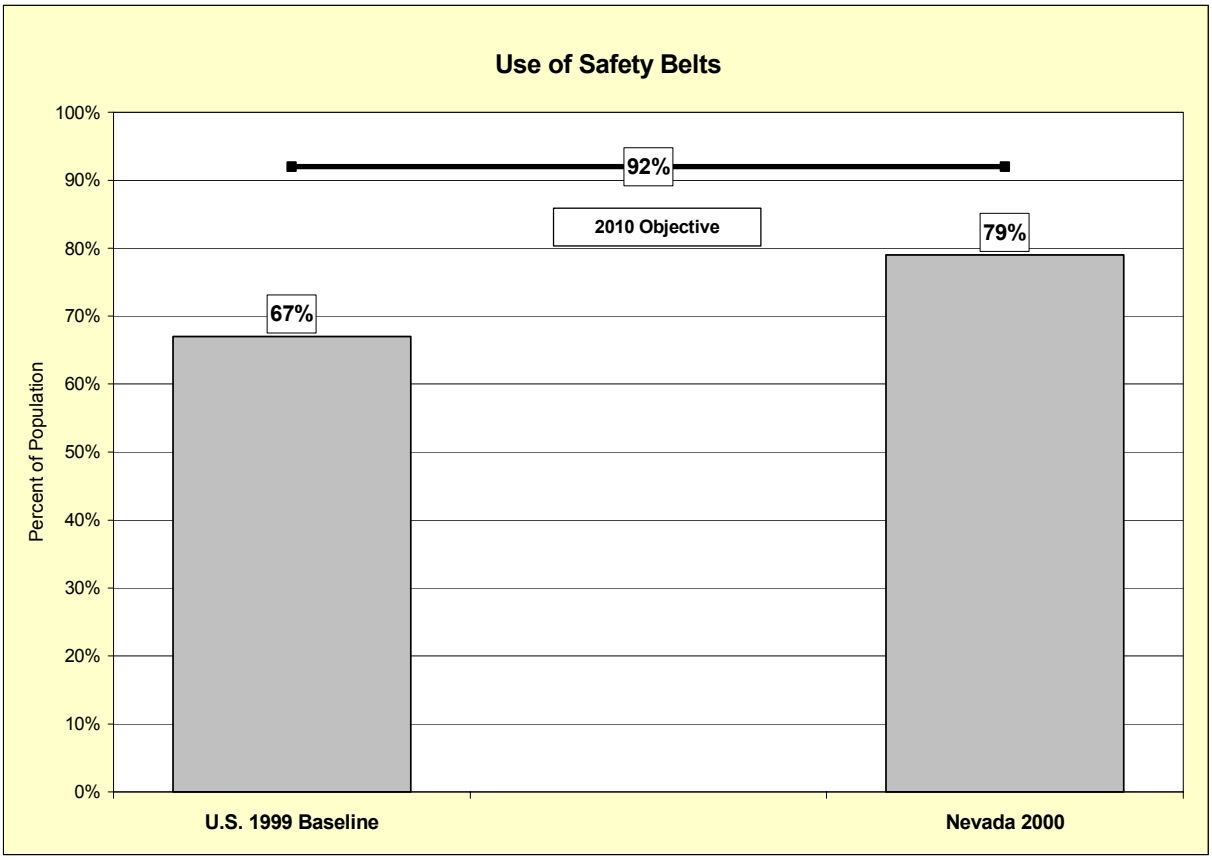
Objective 15.19 USE OF SAFETY BELTS

Increase the use of safety belts to 92% of the population.

In an era of airbags and antilock brakes, seatbelts remain the most effective tool for preventing deaths and injuries from motor vehicle crashes. Death rates have fallen steadily since 1981. The decrease is largely due to the use of seat belts. Forty-nine states have safety belt laws and all 50 have child passenger protection laws. Seat belts are estimated to save almost 10,000 lives annually. In 1997 an estimated 62% of those killed in motor vehicle crashes in the U.S. nation were not wearing seat belts. In 2000 Nevada's rate was approximately 55%. The Nevada Dept. of Motor Vehicles and Public Safety estimates that 78.5% of Nevada drivers used seat belts in 2000.

U.S. 1999 Baseline	Nevada 2000	2010 Objective
67%	79%	92%

The Nevada percentage for the 2000 baseline was higher than the U.S. rate. The Nevada rate and the U.S. rate, in particular, are below the 2010 target of 92%. Stricter laws and enforcement would promote achievement of the Year 2010 objective.



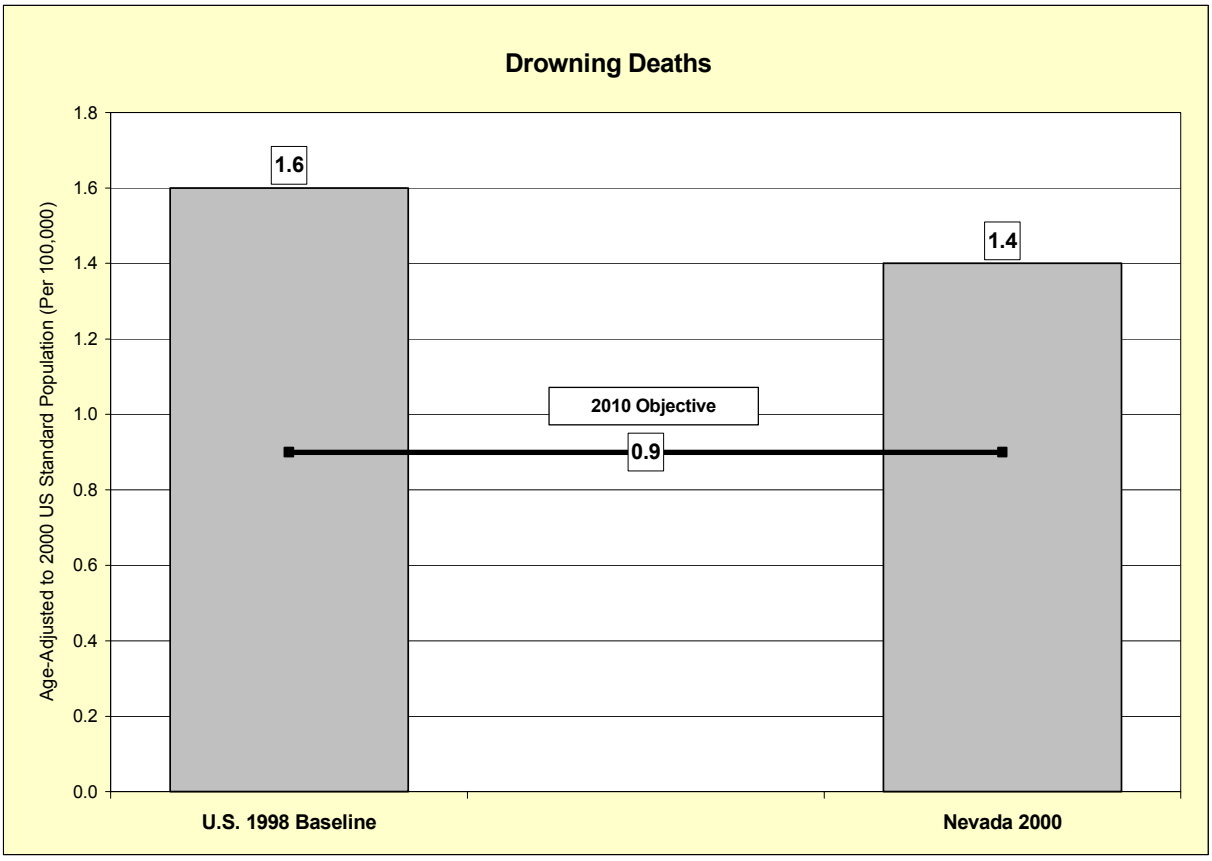
Objective 15.29 DROWNING DEATHS

Reduce drowning deaths to no more than 0.9 per 100,000 people.

Overall, drowning rates nationwide have decreased considerably in the past 20 years. The highest drowning rates are among children under five years old and males 15-34, particularly in relation to boating and water sports activities and alcohol use combined with these activities. Reduction in drowning rates may represent an increased number of near-drowning victims. The extent of near-drowning cases with permanent neurologic damage is unknown. There were 27 Nevada resident drowning deaths in 2000. Nine, or one-third, of these deaths were among children less than five years old.

U.S. 1998 Baseline	Nevada 2000	2010 Objective
1.6 *	1.4 *	0.9 *

The 2000 Nevada rate of 1.4 for drowning deaths was slightly lower than the U.S. baseline rate. Both the U.S. and Nevada rates are about 50% higher than the Year 2010 age-adjusted target of 0.9 per 100,000 persons.



* Rates are age-adjusted to the year 2000 and are per 100,000 persons.

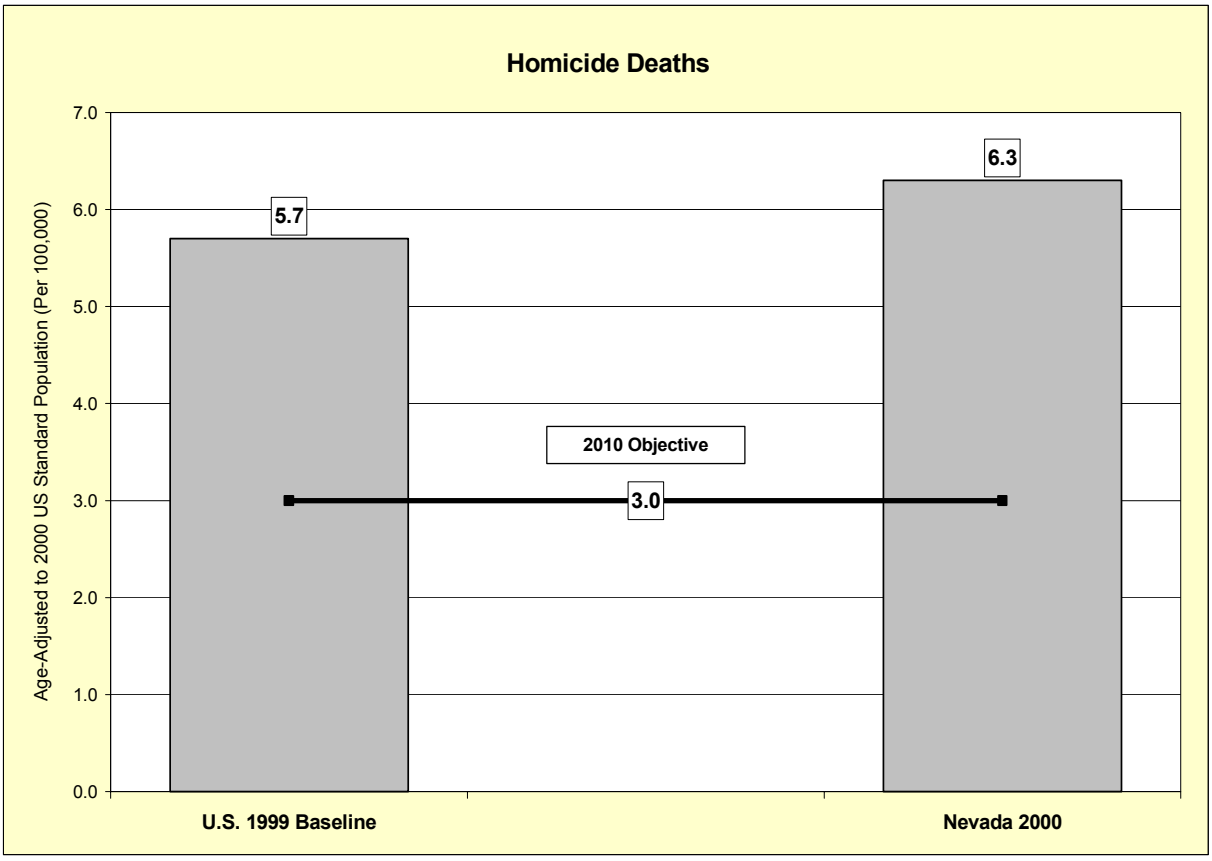
Objective 15.32 HOMICIDE DEATHS

Reduce homicide deaths to no more than 3.0 per 100,000 people.

Violent and abusive behavior continues to be a major cause of stress, injury, and death in America. Homicide was the cause of death for an estimated 15,500 Americans in 1999. The U.S. homicide rate has decreased every year since 1993. Nevertheless, America ranks first among industrialized nations in violent death rates. Teenagers, young adults, and minorities are at increased risk of violent death. Like spouse abuse and child abuse, homicide has become regarded as a concern of public health. Nevada had 129 homicide deaths in 2000.

U.S. 1999 Baseline	Nevada 2000	2010 Objective
5.7 *	6.3 *	3.0 *

Nevada's 2000 rate for homicides was above the U.S. baseline. The 2000 Nevada rate remains over two times the Year 2010 target of 3.0 per 100,000. Neither the U.S. nor Nevada appears likely to reach the 2010 target.



* Rates are age-adjusted to the year 2000 and are per 100,000 persons.

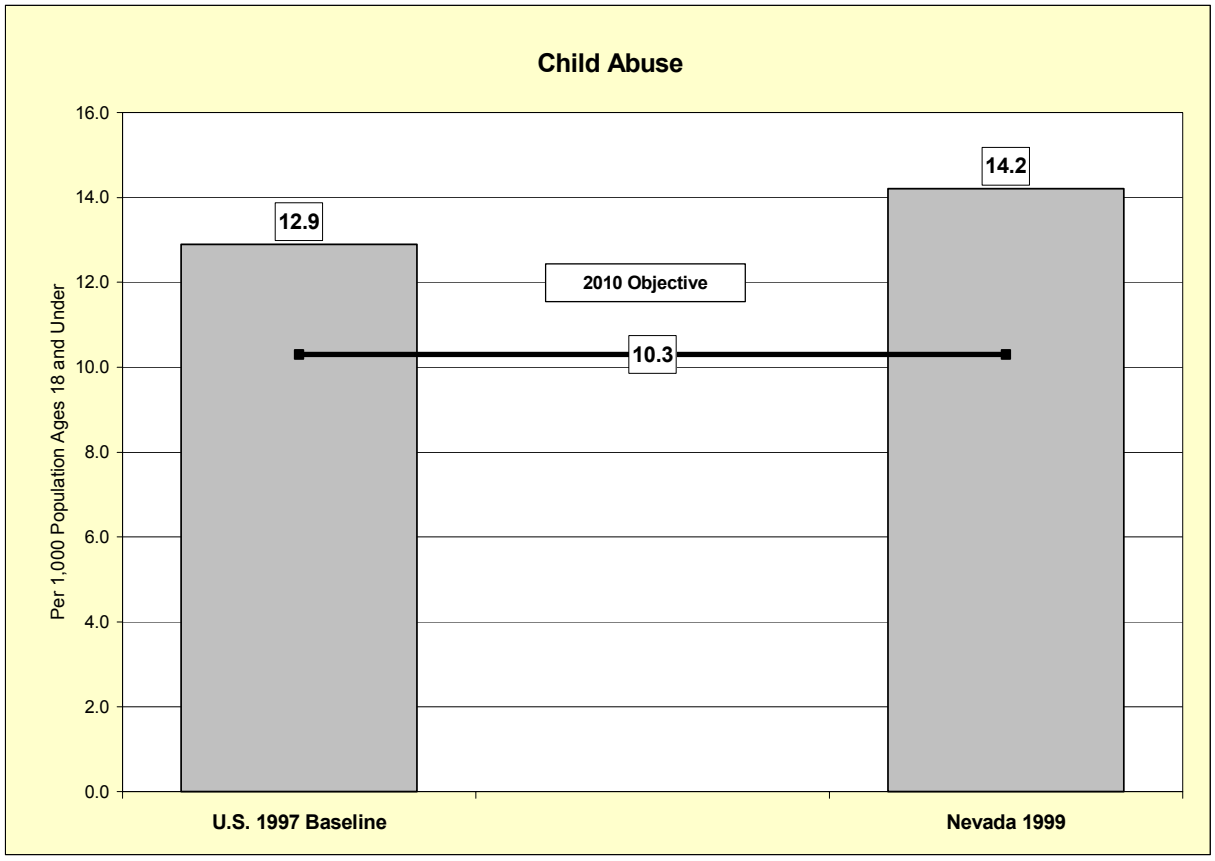
Objective 15.33 CHILD ABUSE

Reduce maltreatment of children under age 18 to no more than 10.3 per 1,000.

Child abuse is defined as the non-accidental injury or pattern of injuries to a child under the age of 18. There were over 980,000 victims of maltreatment and about 1,200 fatalities reported nationwide in 1997. The reported types of maltreatment included neglect (56%), physical abuse (25%), sexual abuse (12%), and emotional abuse (6%). About 75% of the perpetrators were the victim's parents and about 10% were relatives. In 1999 there were 3,983 substantiated reports of child abuse and neglect in Nevada, which represented a significant decline from the 1998 total of 4,743.

U.S. 1997 Baseline	Nevada 1999	2010 Objective
12.9 *	14.2 *	10.3 *

Nevada's 1999 baseline rate for child abuse and neglect was above the U.S. baseline. Because of improved public awareness and increased reporting, it appears unlikely at this time that Nevada can be expected to reach the Year 2010 target.



* Rates are per 1,000 children under age 18.

16. MATERNAL, INFANT AND CHILD HEALTH

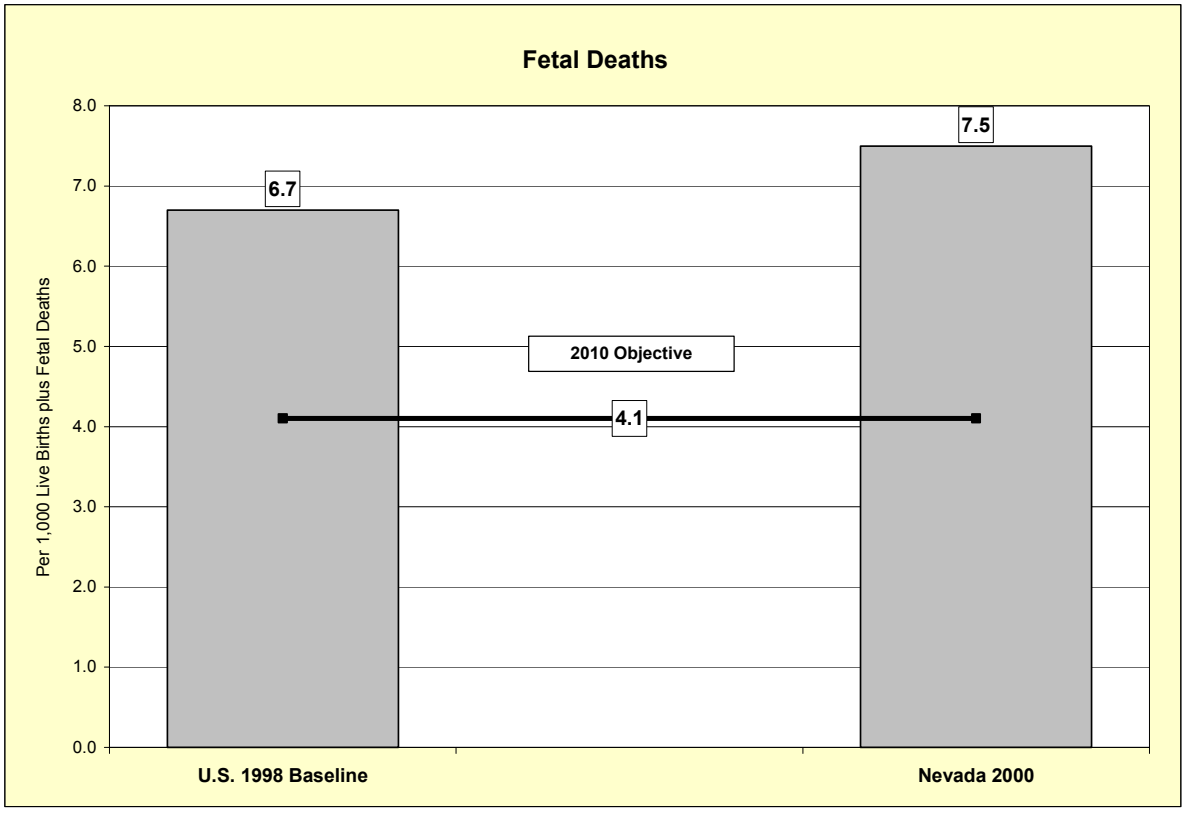
Objective 16.1 FETAL DEATHS

Reduce the fetal death rate (20 or more weeks of gestation) to no more than 4.1 per 1,000 live births plus fetal deaths.

Fetal death is defined as a birth after at least 20 weeks of gestation, in which the child shows no evidence of life after complete birth. Fetal deaths are associated with maternal complications of pregnancy such as problems with amniotic fluid levels and blood disorders. Clinical management of such high-risk pregnancies is essential. Blacks have the highest fetal death rate of any minority group. There is evidence that fetal deaths, especially those near the lower cutoff of 20 weeks gestational age, are underreported. There were 228 fetal deaths to Nevada residents in 2000.

U.S. 1998 Baseline	Nevada 2000	2010 Objective
6.7 *	7.5 *	4.1 *

Nevada rates improved significantly during the 1990s. However, in 2000 the Nevada rate increased to 7.5 from 6.3 in 1999. The Nevada baseline rate is higher than the U.S. baseline rate. Achieving the Year 2010 objective of 4.1 will be a challenge.



* Rates are per 1,000 live births plus fetal deaths.

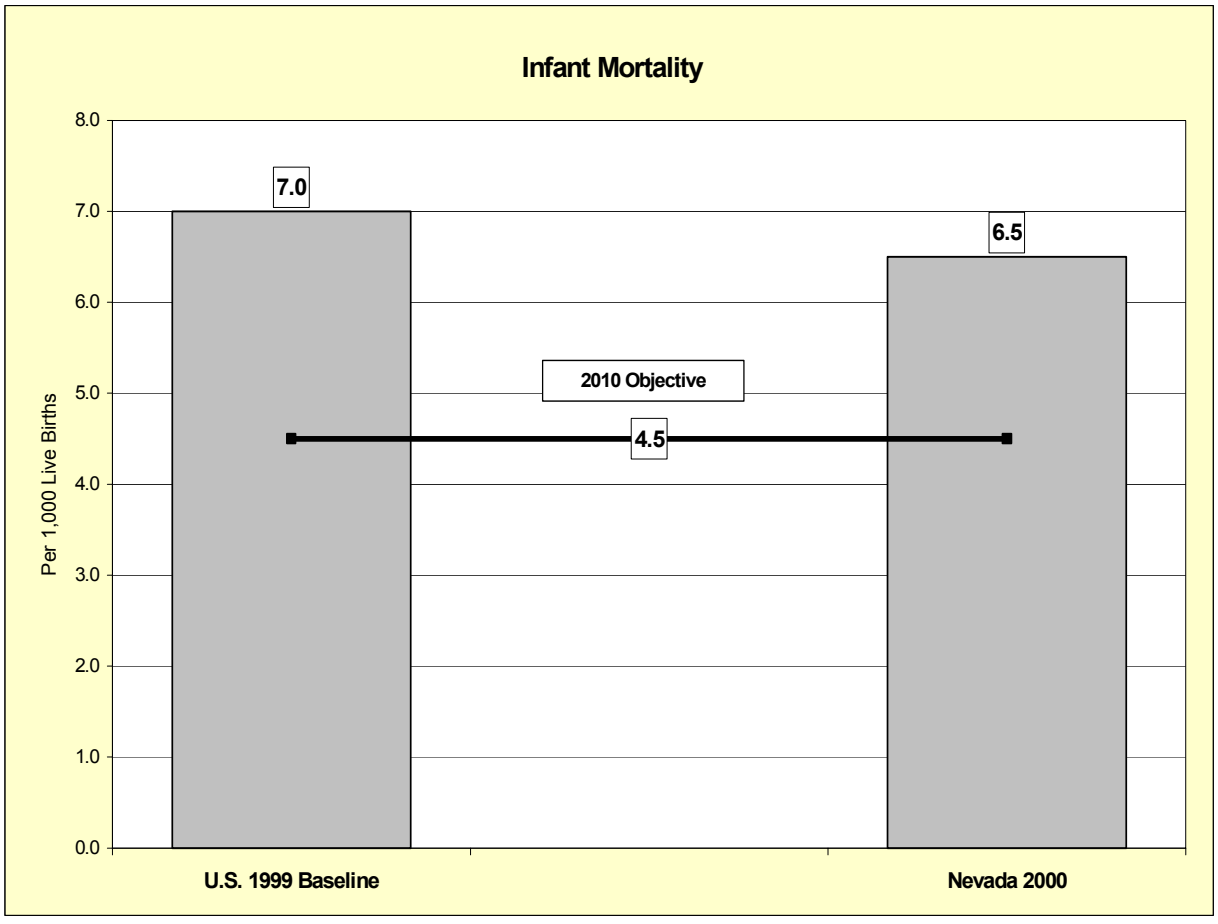
Objective 16.1 INFANT MORTALITY

Reduce the infant mortality rate to no more than 4.5 per 1000 live births.

Infant mortality is defined as deaths of infants under one year old. Infant mortality is an important measure of a nation's health and a worldwide indicator of health status and social well-being. In 1999 the U.S. rate was 7.0 deaths per 1,000 live births, the lowest rate ever recorded in the U.S. However, this achievement masks persistent disparities among racial and ethnic groups. This rate has declined steadily over the past 20 years. In 2000 there were 195 infant deaths among Nevada residents.

U.S. 1999 Baseline	Nevada 2000	2010 Objective
7.0 *	6.5 *	4.5 *

Nevada infant mortality rates have declined significantly in recent years. The 2000 Nevada rate of 6.5 was lower than the U.S. baseline rate. Based on the trend, it is conceivable that Nevada's infant mortality rate will achieve the Year 2010 target.



* Rates are per 1,000 live births.

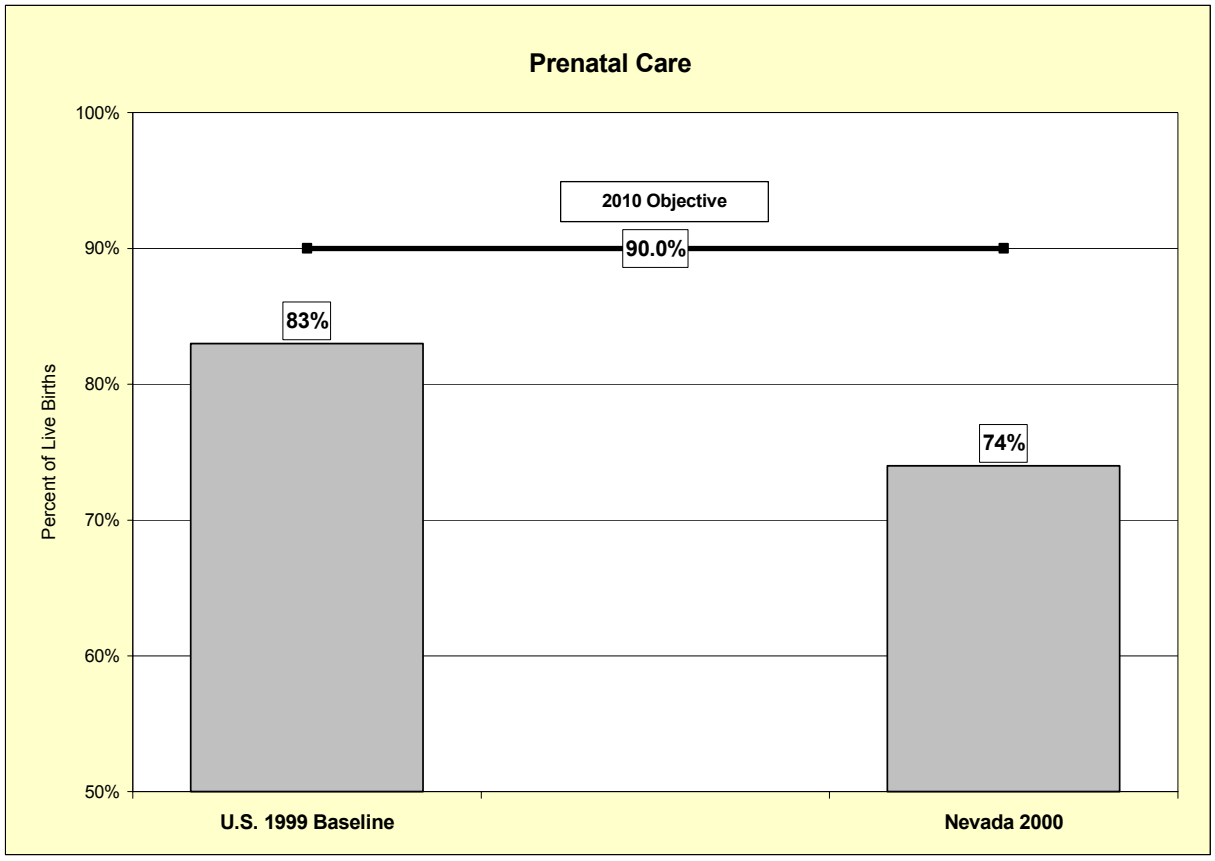
Objective 16.6 PRENATAL CARE

Increase the proportion of pregnant women who receive prenatal care in the first trimester of pregnancy to at least 90%.

Prenatal care includes three main components: risk assessment, treatment for medical conditions or risk reduction, and education. Early, high quality prenatal care is important to improving pregnancy outcomes. Prenatal care is especially important for women at increased medical and/or social risk. Characteristics associated with receiving late or no prenatal care include low-income, less than a high school education, teen pregnancy, and numerous children. Overall in America women receiving prenatal care in the first trimester has increased over 7% since 1990.

U.S. 1999 Baseline	Nevada 2000	2010 Objective
83%	74%	90%

The Nevada percentage is considerably below the U.S. baseline. Reportedly, Nevada has the second lowest rate in the nation. Nevada's rate increased only slightly between 1990 and 2000. Achieving the Year 2010 target of 90% will be a major challenge.



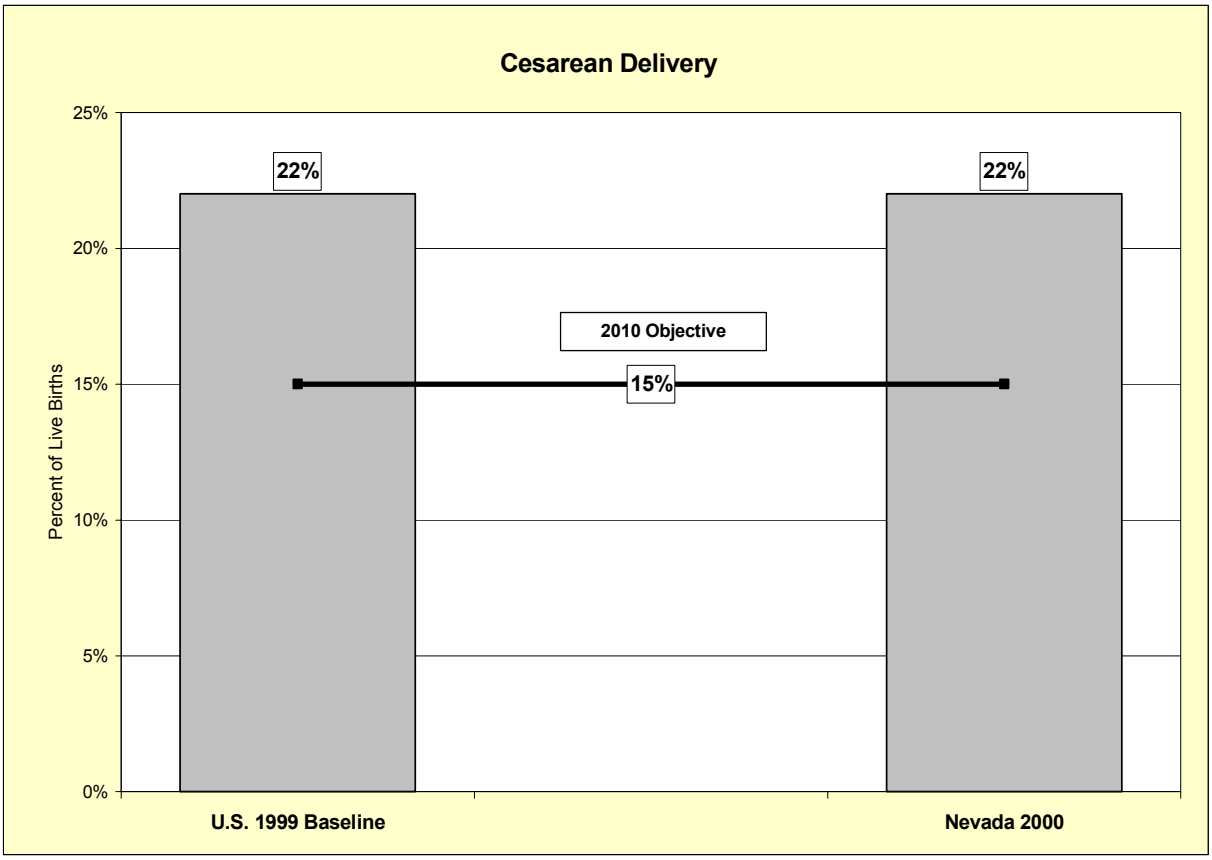
Objective 16.9 CESAREAN DELIVERY

Reduce cesarean deliveries among low-risk women to no more than 15%.

Cesarean sections began to decline in the early 1990s, but they are on the rise again. Cesarean deliveries accounted for 22% of all live births nationwide in 1999. This is despite the risk to women of unnecessary C-sections and increased pain, longer hospital stays, possibility of infection, and higher costs. A large percentage of the increase in the cesarean delivery rate was due to repeat C-sections. There is considerable variation in the rates between different parts of the country, between facilities within the same area, and between third-party payers.

U.S. 1999 Baseline	Nevada 2000	2010 Objective
22%	22%	15%

The U.S. 1999 rate and the Nevada 2000 baseline rates were exactly the same. Both were considerably higher than the year 2010 target of 15%. The Nevada figure includes women who had a prior cesarean delivery. Given the current trend, it appears unlikely that the Year 2010 objective will be achieved by either the U.S. or Nevada.



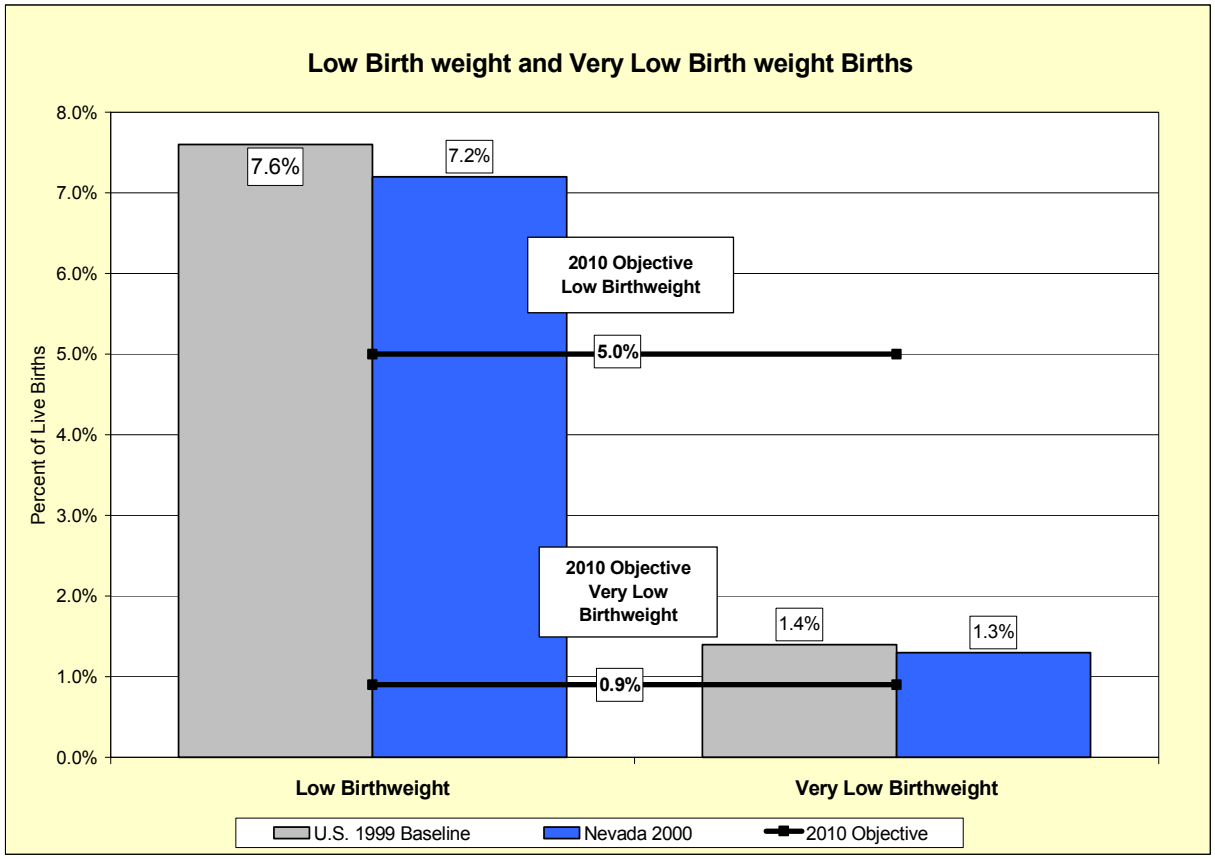
Objective 16.10 LOW BIRTHWEIGHT AND VERY LOW BIRTHWEIGHT

Reduce low birthweight (less than 2,500 grams) to no more than 5.0% of live births and very low birthweight (less than 1,500 grams) to no more than 0.9% of live births.

Low birthweight infants (LBW) include newborns born too early and those whose intrauterine growth is retarded. LBW is associated with increased risk of death and a wide range of disorders including neurodevelopmental conditions, learning disorders, behavior problems, and lower respiratory tract infections. Smoking, which accounts for 20% to 30% of all LBW births, is the highest risk factor linked to low birthweight.

U.S. 1999 Baseline		Nevada 2000	2010 Objective
Low Birthweight	7.6%	7.2%	5.0%
Very Low Birthweight	1.4%	1.3%	0.9%

Nevada's percentage of low birthweight births was slightly less than the U.S. baseline rate. The Nevada percentage for very low birthweight, which is primarily associated with preterm birth, was about the same as the U.S. baseline rate. Both the low birthweight and the very low birthweight Year 2010 targets appear achievable for Nevada.



18. MENTAL HEALTH AND MENTAL DISORDERS

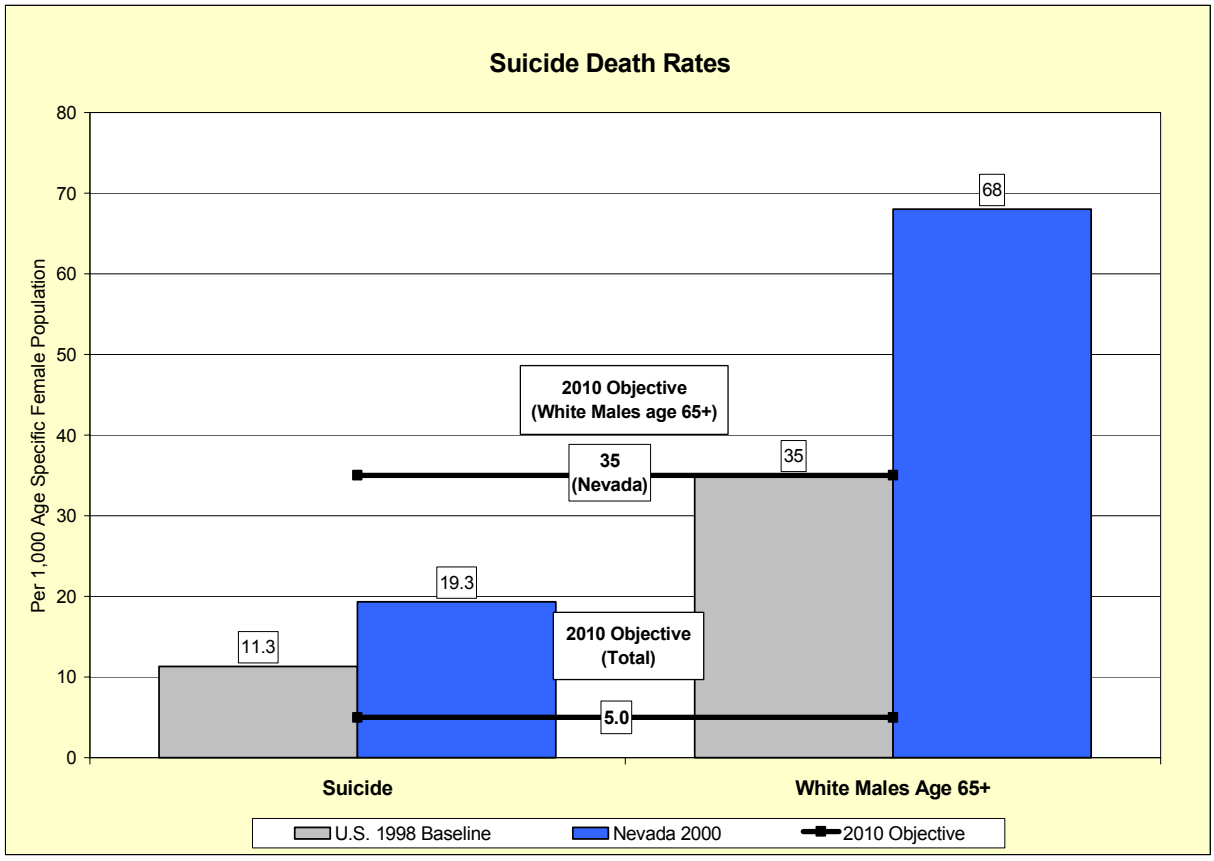
Objective 18.1 SUICIDE

Reduce suicides to no more than 5.0 per 100,000 people overall and to no more than 35 per 100,000 white men aged 65 and older.

Suicide is the eighth leading cause of death in the United States and the sixth leading cause in Nevada at 388 resident deaths in 2000. Fifty-three of the Nevada suicide deaths were to white males aged 65 plus. Nevada's overall suicide rate is the highest in the country. Alcohol, substance abuse, and mental illness are closely associated with suicide. The number of suicide deaths is small compared to suicide attempts.

U.S. 1998 Baseline		Nevada 2000	2010 Objective
Total	**11.3 ***	**19.3 ***	**5.0**
White Males Age 65+	**35 ****	**68 ****	**35 (Nevada) ****

Both Nevada rates are almost twice the U.S. baseline rates. It is extremely unlikely that Nevada will be able to approach the 2010 target for either category.



* Rates are age-adjusted to the year 2000 and are per 100,000 persons. ** Rates are per 100,000.

19. NUTRITION AND OVERWEIGHT

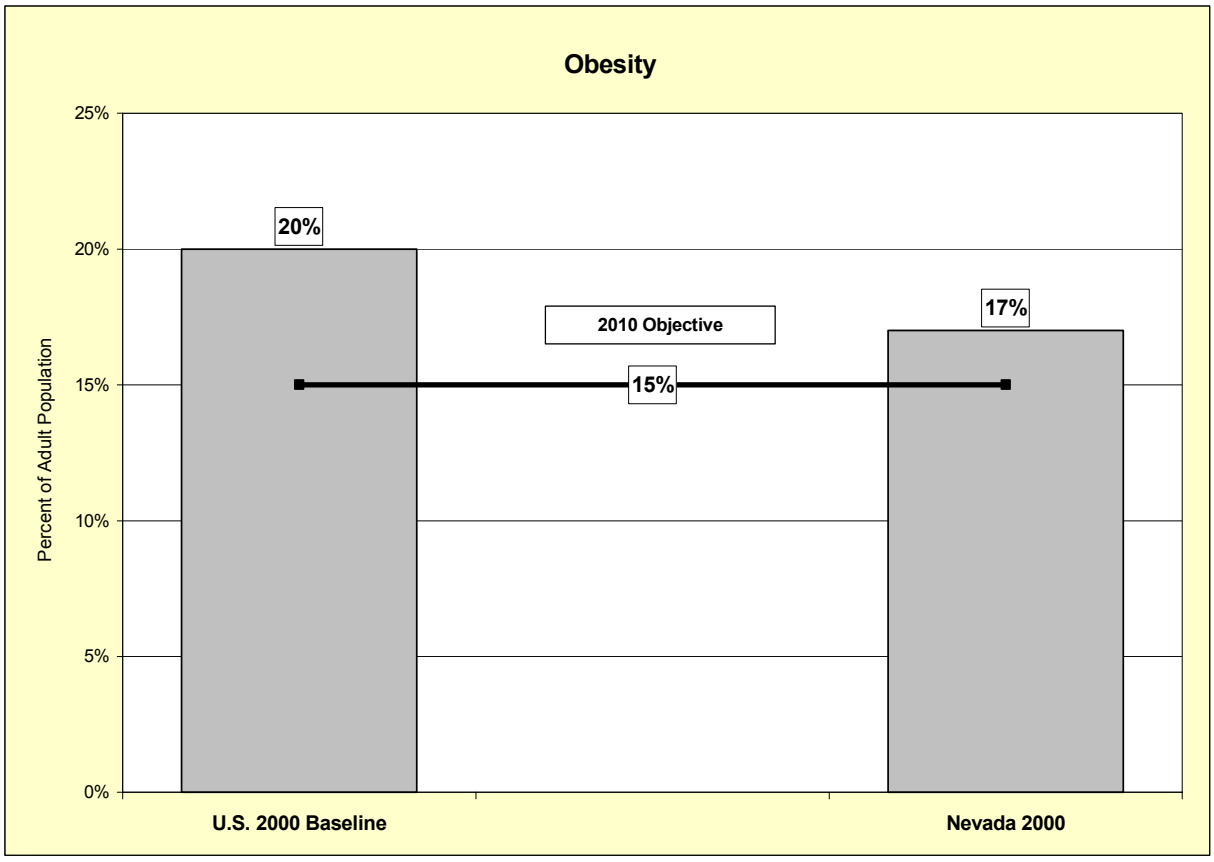
Objective 19.2 OBESITY

Reduce the proportion of adults who are obese to no more than 15%.

Overweight and obesity have reached epidemic proportions among all segments of the U.S. population. Increasingly, obesity begins in childhood. Overweight and obese adults are at increased risk for sickness and death associated with many acute and chronic conditions such as hypertension, coronary heart disease, diabetes mellitus, gallbladder disease, and respiratory disease. Despite improvements in the American diet, overweight and obesity has increased. The prevalence of obesity among adults has increased 61% since 1991. Americans are not balancing what they eat with physical activity.

U.S. 2000 Baseline	Nevada 2000	2010 Objective
20%	17%	15%

Nevada's rate of 17% obesity among adults was slightly lower than the U.S. baseline of 20%. Given the national trend toward increasing obesity, it appears that Nevada will face a difficult challenge in trying to achieve the Year 2010 target of 15%.



20. OCCUPATIONAL SAFETY AND HEALTH

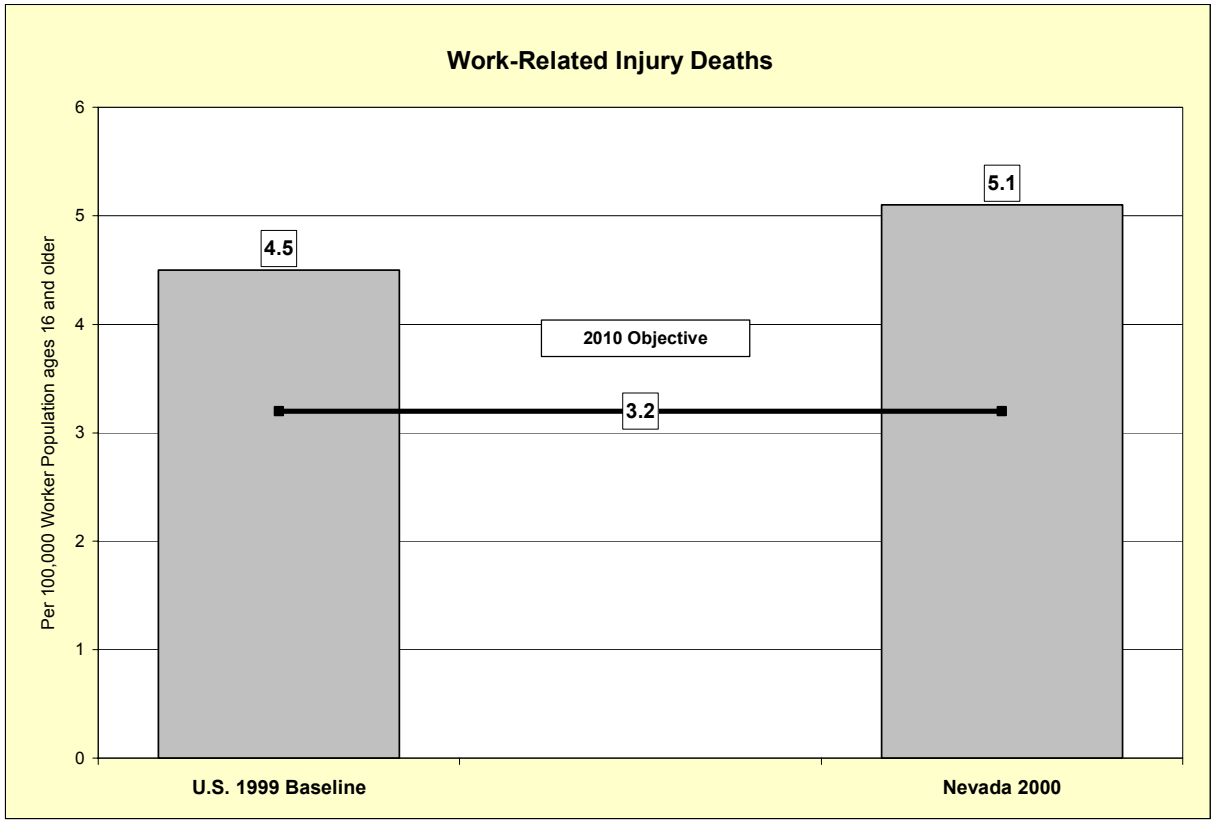
Objective 20.1 WORK-RELATED INJURY DEATHS

Reduce deaths from work-related injuries to 3.2 per 100,00 workers aged 16 and older.

Work-related injuries and deaths continue to place an enormous burden on U.S. workers and the economy. Each day an average of 137 persons die from work-related diseases and an additional 17 die from injuries on the job. The leading cause of occupational deaths is motor vehicle accidents. Occupation-related injuries and deaths can be significantly reduced through targeted public health prevention efforts. Nevada had 51 work–related injury deaths in 2000.

U.S. 1999 Baseline	Nevada 2000	2010 Objective
4.5 *	5.1 *	3.2 *

Nevada's baseline rate of 5.1 work-related deaths per 100,000 workers was slightly higher than the U.S. baseline rate of 4.5. Given the gradual decrease in occupational deaths across the nation since 1980, the Year 2010 target of 3.2 appears within reach.



* Rates are per 100,000 workers aged 16 and older.

21. ORAL HEALTH

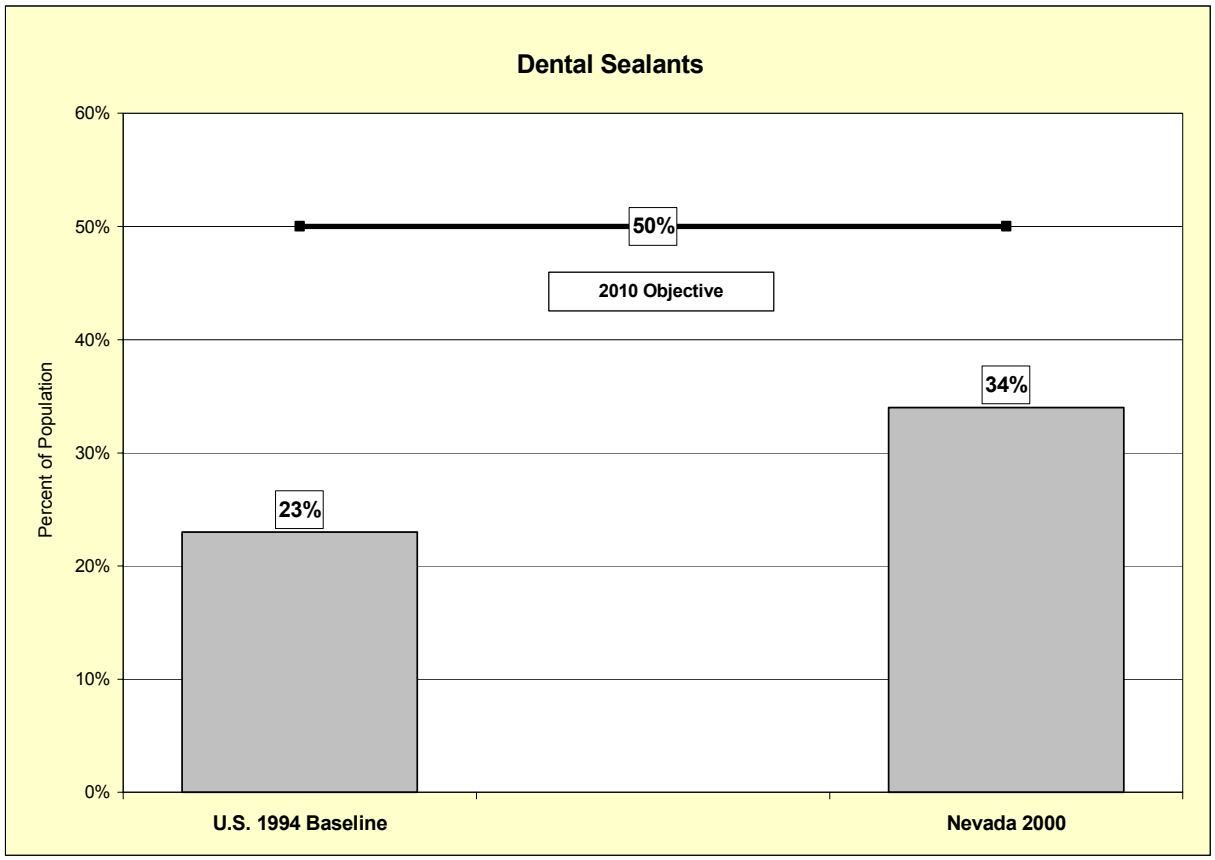
Objective 21.8 DENTAL SEALANTS

Increase the proportion of children aged eight years old who have received dental sealants on their molar teeth to 50%.

First permanent molars appear at about age six. Placing pit and fissure sealants – plastic coatings applied to susceptible tooth surfaces – on these teeth shortly after they appear protects them from the development of caries in areas of the teeth where food and bacteria are retained. The Nevada Oral Health Initiative provides health education and prevention services throughout the state including funding for sealants.

U.S. 1994 Baseline	Nevada 2000	2010 Objective
23%	34%	50%

The Nevada Oral Health Initiative conducted a survey of third graders, the majority of whom were eight years old, in Northern and Southern Nevada. Of those who took the survey, 34% had a dental sealant placed on at least one permanent molar. The U.S. 1994 baseline, which is outdated, was 23%. The Year 2010 target appears attainable.



22. PHYSICAL ACTIVITY AND FITNESS

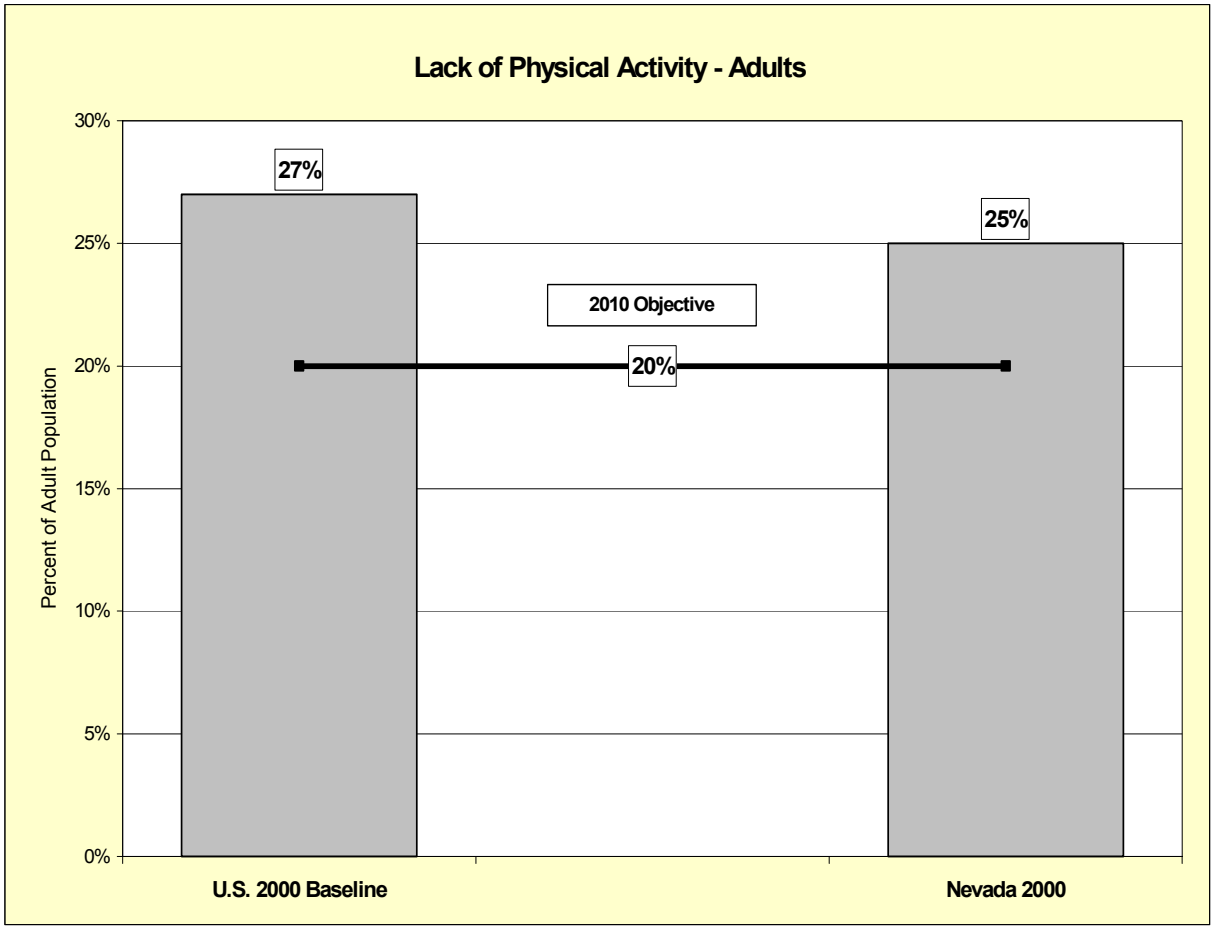
Objective 22.1 PHYSICAL ACTIVITY - ADULTS

Reduce the proportion of adults who engage in no leisure-time physical activity to 20%.

Up to 250,000 deaths per year in the U.S. are attributed to a lack of regular physical activity. Sedentary lifestyle has been linked to 28% of deaths from leading chronic diseases. The good news is that regular light to moderate physical activity can help to prevent coronary heart disease, hypertension, obesity, and mental health problems such as depression and anxiety. The bad news is that the message is largely ignored. The lack of leisure time physical activity increases with age.

U.S. 2000 Baseline	Nevada 2000	Target 2010
27%	25%	20%

Nevada ranked slightly below the U.S. baseline. The proportion of Nevada's adults who do not engage in leisure-time physical activity has increased in the past decade to one in four. At 25%, Nevada remains 5% above the Year 2010 target of 20%.



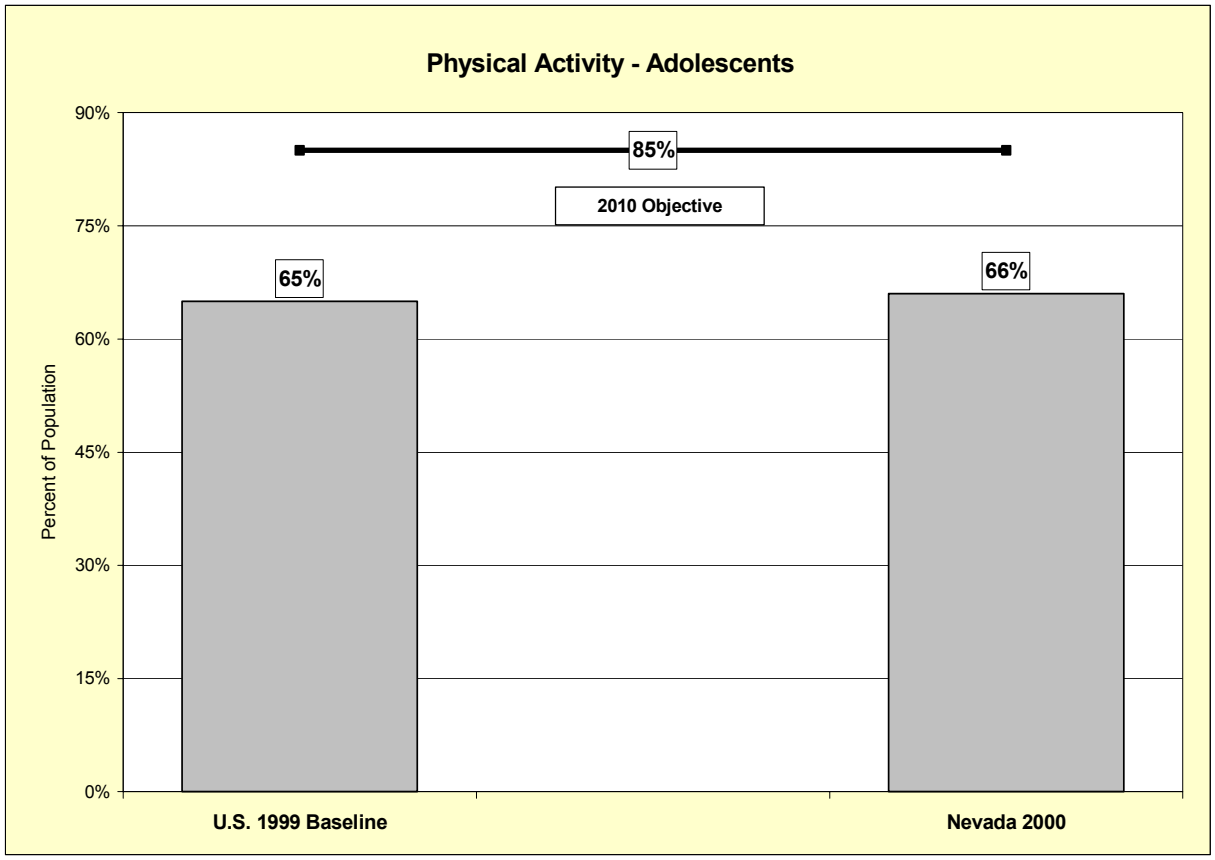
Objective 22.7 PHYSICAL ACTIVITY - ADOLESCENTS

Increase the proportion of adolescents in grades 9 through 12 who engage in vigorous physical activity 3 or more days per week for 20 or more minutes per occasion to 85%.

The health benefits of physical activity are not limited to adults. Physical activity among children and adolescents is important because of the related health benefits and because a physically active lifestyle adopted early in life is more likely to continue into adulthood. The problem of overweight and obese children and adolescents, which is a reflection of physical inactivity, has increased dramatically in recent years.

U.S. 1999 Baseline	Nevada 2000	2010 Objective
65%	66%	85%

The Nevada rate of 66% according to the *Nevada Youth Risk Behavior Survey Report* is about the same as the U.S. baseline. The trend toward a decrease in physical activity will make attainment of the Year 2010 target of 85% very difficult.



24. RESPIRATORY DISEASES

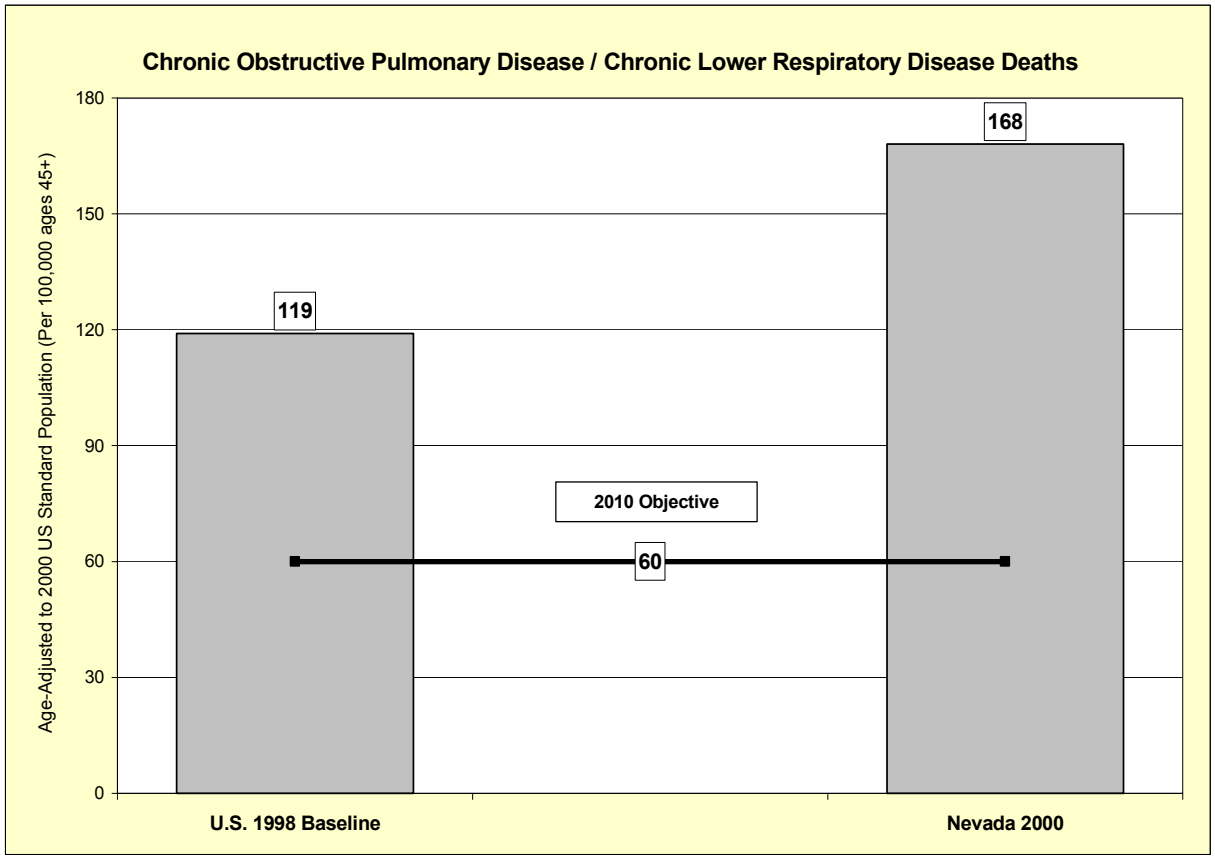
Objective 24.10 CHRONIC OBSTRUCTIVE PULMONARY DISEASE DEATHS

Reduce deaths from chronic obstructive pulmonary disease (COPD) to 60 per 100,000 adults aged 45 and older.

Chronic Obstructive Pulmonary Disease (COPD) includes emphysema and chronic bronchitis. COPD, which is characterized by permanent airflow obstruction, was the fifth leading cause of death in the U.S. and the third leading cause in Nevada in 2000. There were 956 COPD deaths among Nevada residents age 45 and older in 2000 (970 total). Between 80% to 90% of COPD is attributable to cigarette smoking. COPD is also a major cause of chronic morbidity and disability.

U.S. 1998 Baseline	Nevada 2000	2010 Objective
119 *	168 *	60 *

The Nevada rate for COPD deaths in 2000 is significantly higher than the U. S. rate. It appears that neither the U.S. nor Nevada, in particular, will achieve the Year 2010 target.



* Rates are age-adjusted to 2000 and are per 100,000 persons aged 45 and over.

25. SEXUALLY TRANSMITTED DISEASES

Objective 25.1 CHLAMYDIA PREVALENCE

Reduce *Chlamydia Trachomatis* infections to no more than 120 cases per 100,000 people.

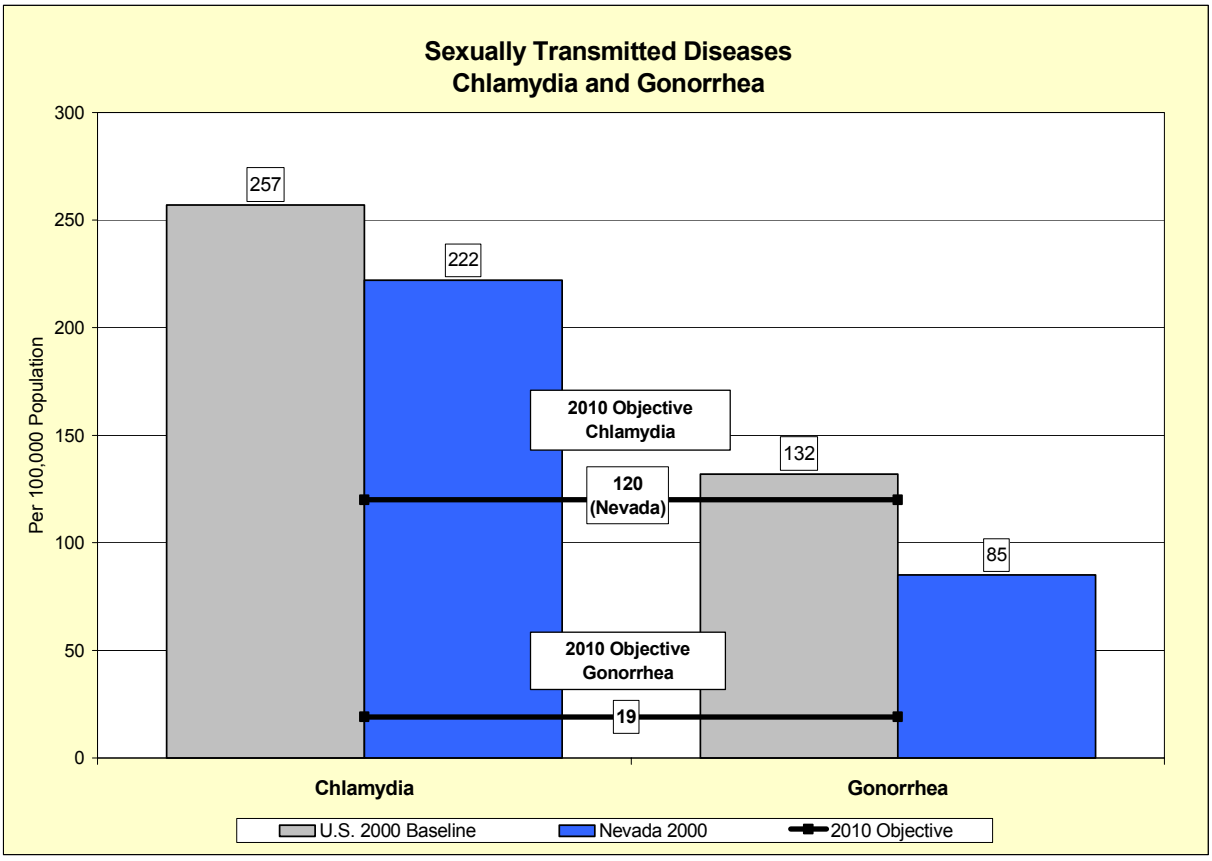
Objective 25.2 GONORRHEA INCIDENCE

Reduce gonorrhea to 19 new cases per 100,000 people.

Sexually transmitted diseases disproportionately affect minorities, the young, and the poor. In 2000 Nevada had 4,024 chlamydia and 1,556 gonorrhea cases reported.

	U. S. 2000 Baseline	Nevada 2000	2010 Objective
Chlamydia	257 *	222 *	120 * (Nevada)
Gonorrhea	132 *	85 *	19 *

The Nevada rate for chlamydia is lower than the U.S. baseline rate. The Nevada rate for gonorrhea is significantly lower than the U.S. rate. It appears that being able to achieve either Year 2010 objective will be a very difficult challenge for Nevada.



* Rates are per 100,000 people.

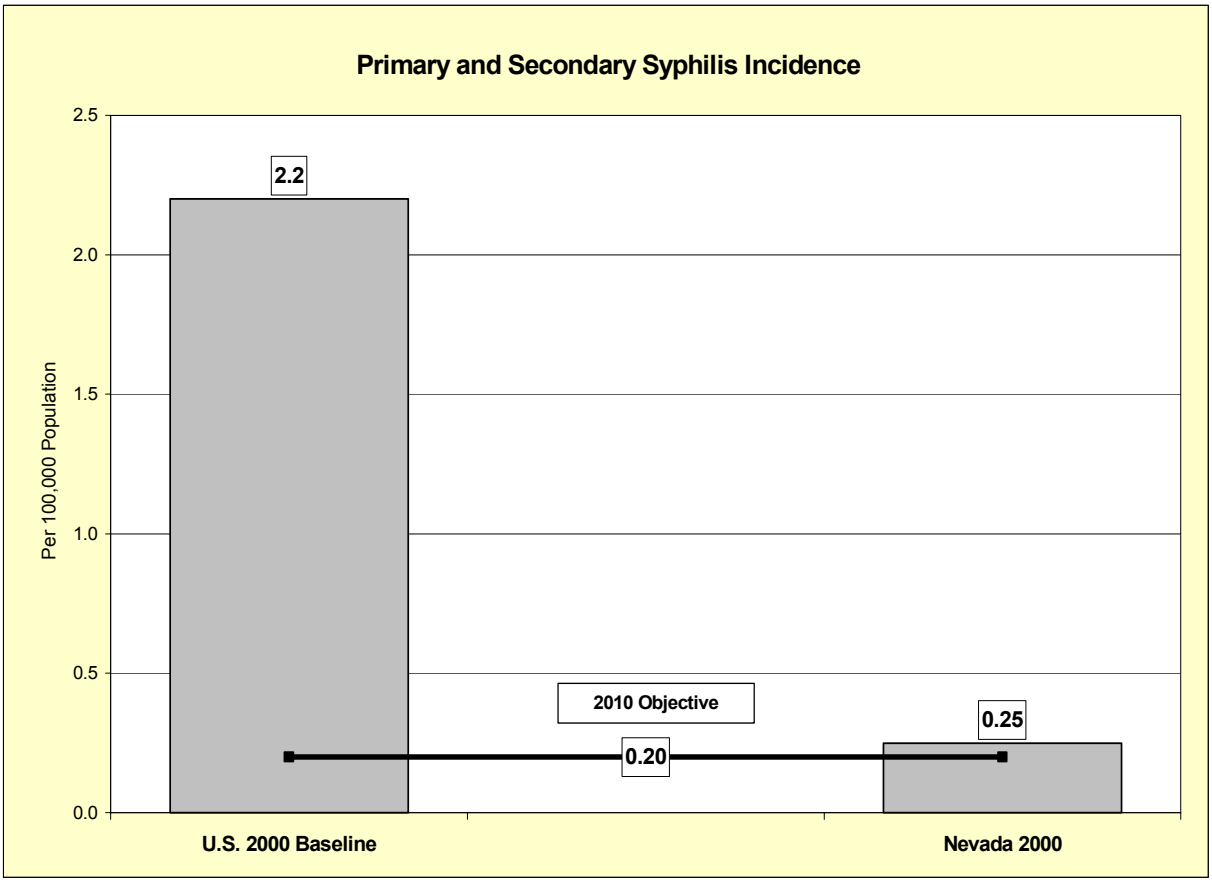
Objective 25.3 PRIMARY AND SECONDARY SYPHILIS INCIDENCE

Eliminate sustained domestic transmission of primary and secondary syphilis to 0.2 cases per 100,000 people.

Syphilis is the first sexually transmitted disease for which control measures were developed and tested. There is no vaccine against syphilis; however, penicillin is a highly effective treatment. Syphilis can be easily detected, treated, and cured. If left untreated, however, it can have severe complications. There were 5 new cases of primary and secondary syphilis reported in Nevada in 2000. Nevada has not had a single reported case of congenital syphilis since 1996.

U.S. 2000 Baseline	Nevada 2000	2010 Objective
2.2 *	0.25 *	0.2 *

Both U.S. and Nevada rates have declined dramatically with the Nevada rate already approximating the 2010 target. Nevada has a unique opportunity to eliminate totally the transmission of primary and secondary syphilis before 2010.



* Rates are per 100,000 people.

26. SUBSTANCE ABUSE

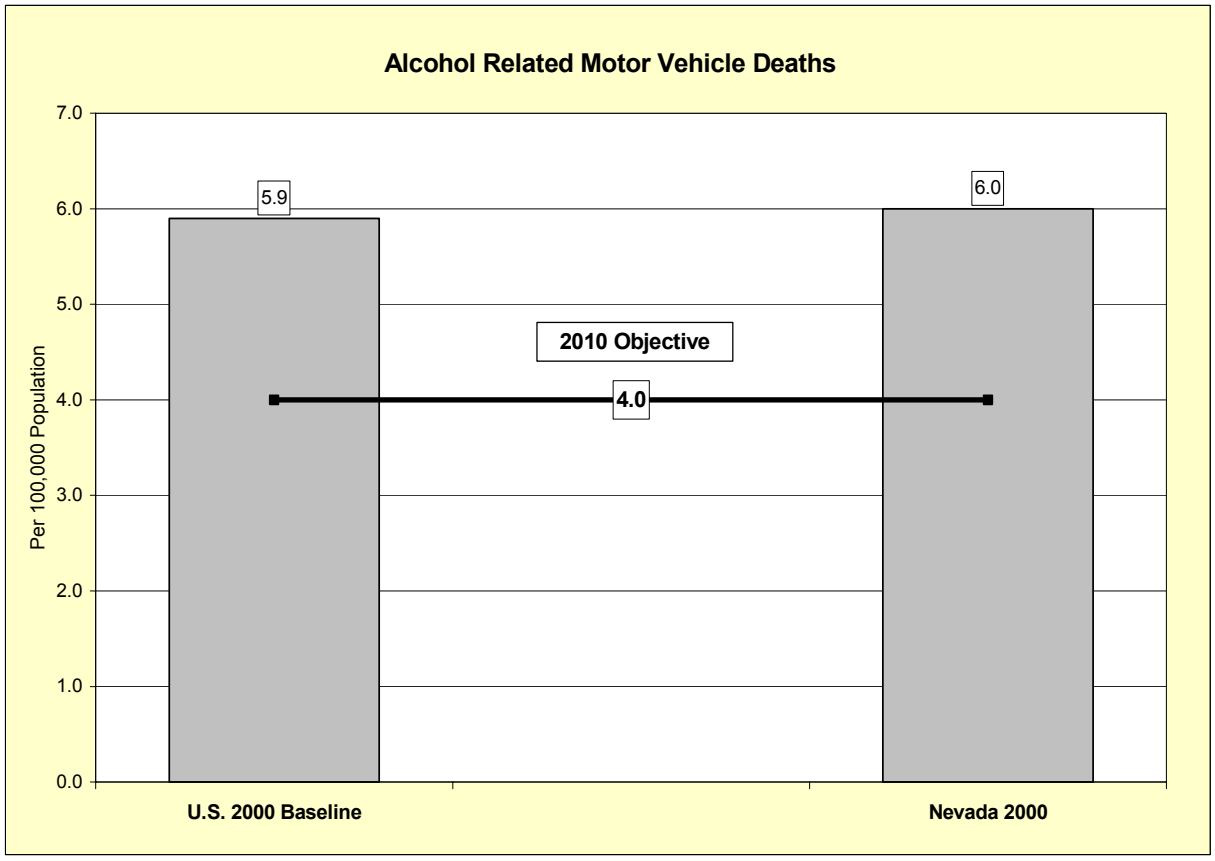
Objective 26.1 ALCOHOL-RELATED MOTOR VEHICLE DEATHS

Reduce deaths caused by alcohol-related motor vehicle crashes to 4.0 per 100,000 people.

The decline in alcohol-related motor vehicle deaths is a public health success story. Nevertheless, in 2000 there were 16,650 U.S. traffic fatalities attributed to drunken driving, 40% of the 41,800 deaths overall. In 2000 in Nevada, alcohol was a factor in an estimated 122 resident traffic fatalities - 46% of Nevada's 266 resident traffic deaths. The Nevada figure excludes alcohol-related motor vehicle deaths for visitors to Nevada.

U.S. 2000 Baseline	Nevada 2000	2010 Objective
5.9 *	6.0 *	4.0 *

The rate for alcohol-related motor vehicle deaths among Nevada residents was approximately the same as the U.S. baseline. Of particular concern is the fatality rate among persons aged 15-24. The Year 2010 target of 4.0 appears within reach for Nevada.



* Rates are per 100,000 population.

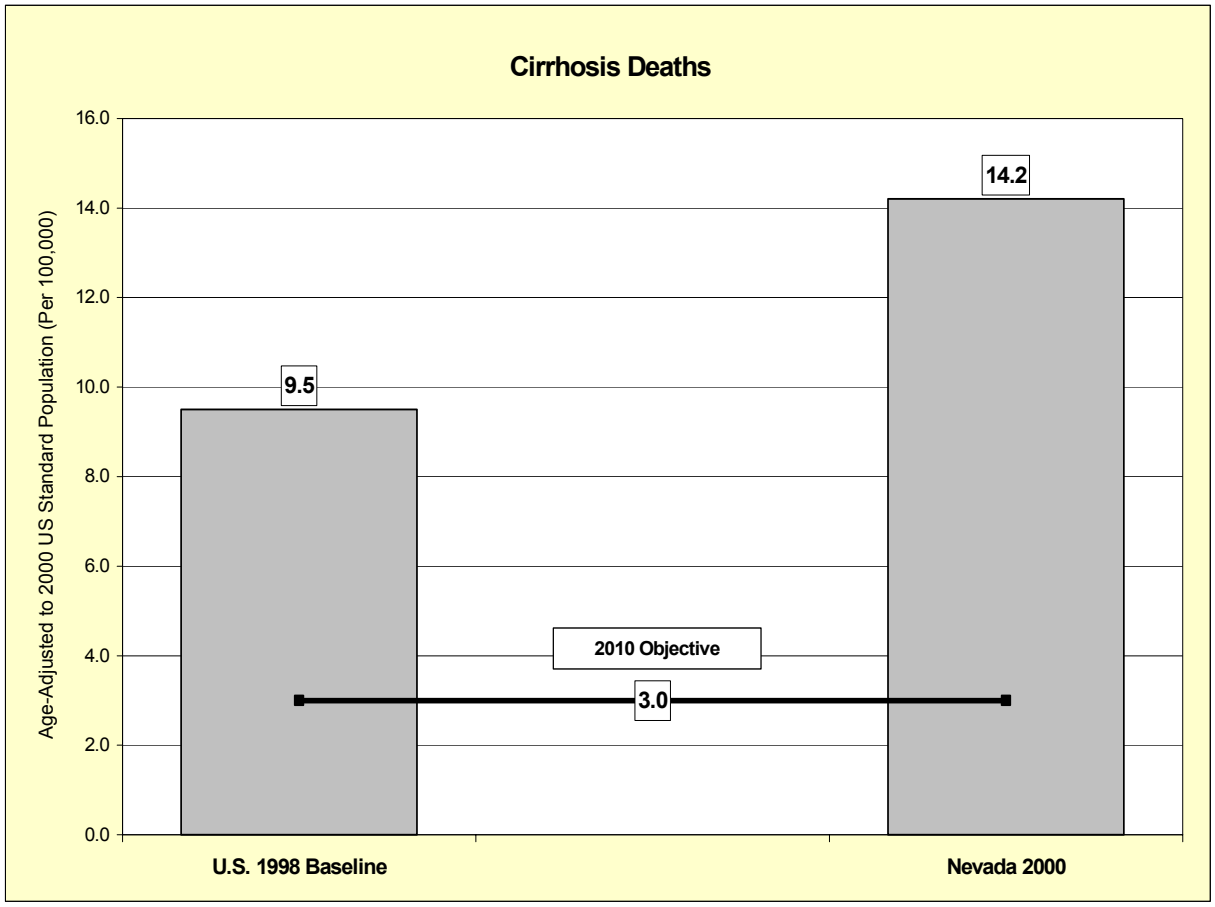
Objective 26.2 CIRRHOSIS DEATHS

Reduce cirrhosis deaths to no more than 3.0 per 100,000 people.

Cirrhosis of the liver, which is largely attributable to heavy alcohol consumption, is one of the top 10 leading causes of death. Fortunately, cirrhosis death rates, which began to decrease in the mid-70s, are continuing to decline. A note of caution - cirrhosis deaths are often understated because entries on birth certificates are not specific enough. Efforts to reduce heavy drinking patterns are the key to decreasing cirrhosis. There were 283 cirrhosis deaths among Nevada residents in 2000.

U.S. 1998 Baseline	Nevada 2000	2010 Objective
9.5 *	14.2 *	3.0 *

The Nevada rate of 14.2 for 2000 was significantly higher than the U.S. baseline of 9.5 per 100,000. Neither the U.S. nor the Nevada rate, in particular, appears within range of the Year 2010 objective of only 3.0.



* Rates are age-adjusted to the year 2000 and are per 100,000 people.

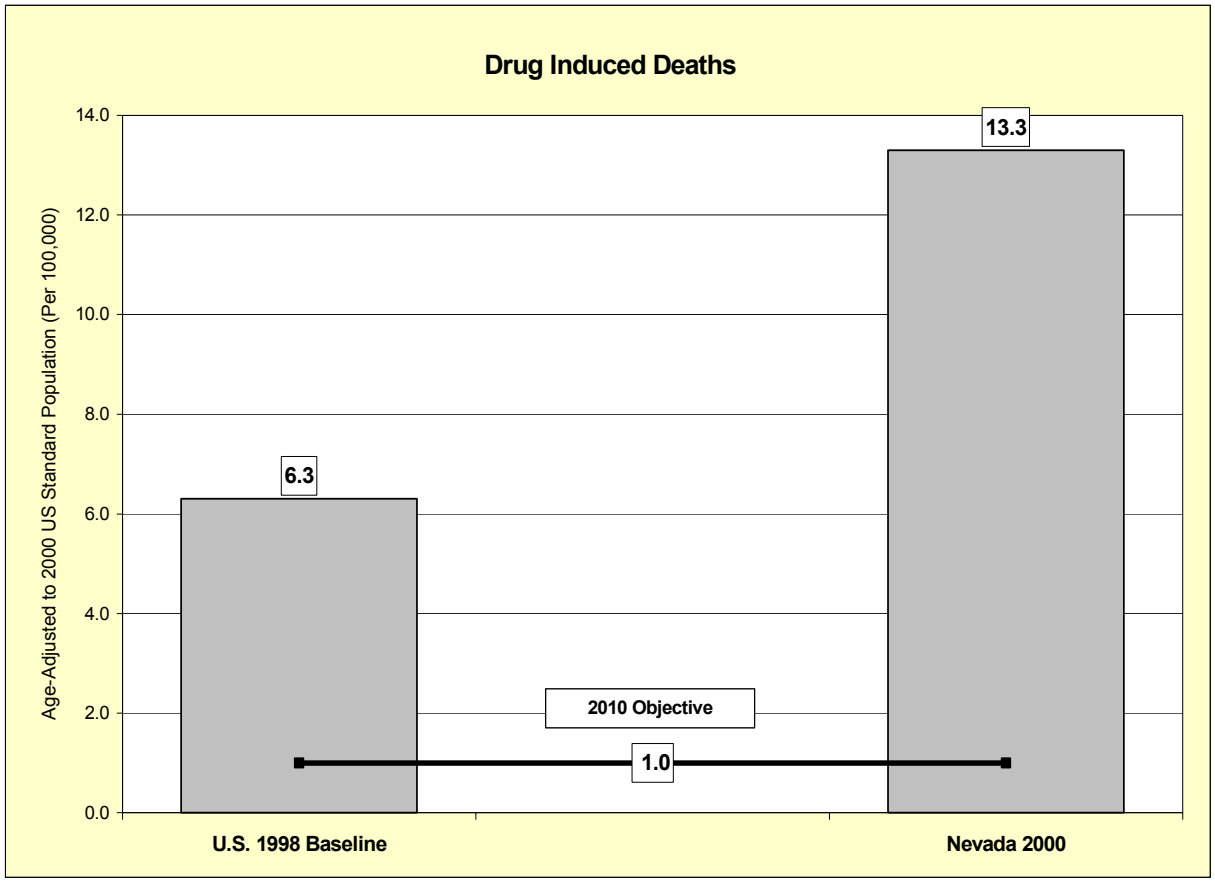
Objective 26.3 DRUG-INDUCED DEATHS

Reduce total drug-induced deaths to no more than 1.0 per 100,000 people.

Nationally, over 20,000 deaths a year are attributed to drugs (other than alcohol). Drug abuse contributes to unintentional injury, suicide, homicide, and other violent deaths as well as being a major factor in a high percentage of chronic disease deaths. The health, crime, and financial costs of drug abuse to society are staggering. Nevada had 270 drug-induced resident deaths in 2000. A major portion of those deaths were opiate-related. Opiate-related deaths appear to be a significant and growing problem in Nevada.

U.S. 1998 Baseline	Nevada 2000	2010 Objective
6.3 *	13.3 *	1.0 *

The 2000 Nevada rate was more than twice as high as the U.S. baseline. The Nevada rate was thirteen times the Year 2010 target of 1.0. Neither the U.S. nor Nevada, in particular, can be expected to achieve the Year 2010 target.



* Rates are age-adjusted to the year 2000 and are per 100,000 people.

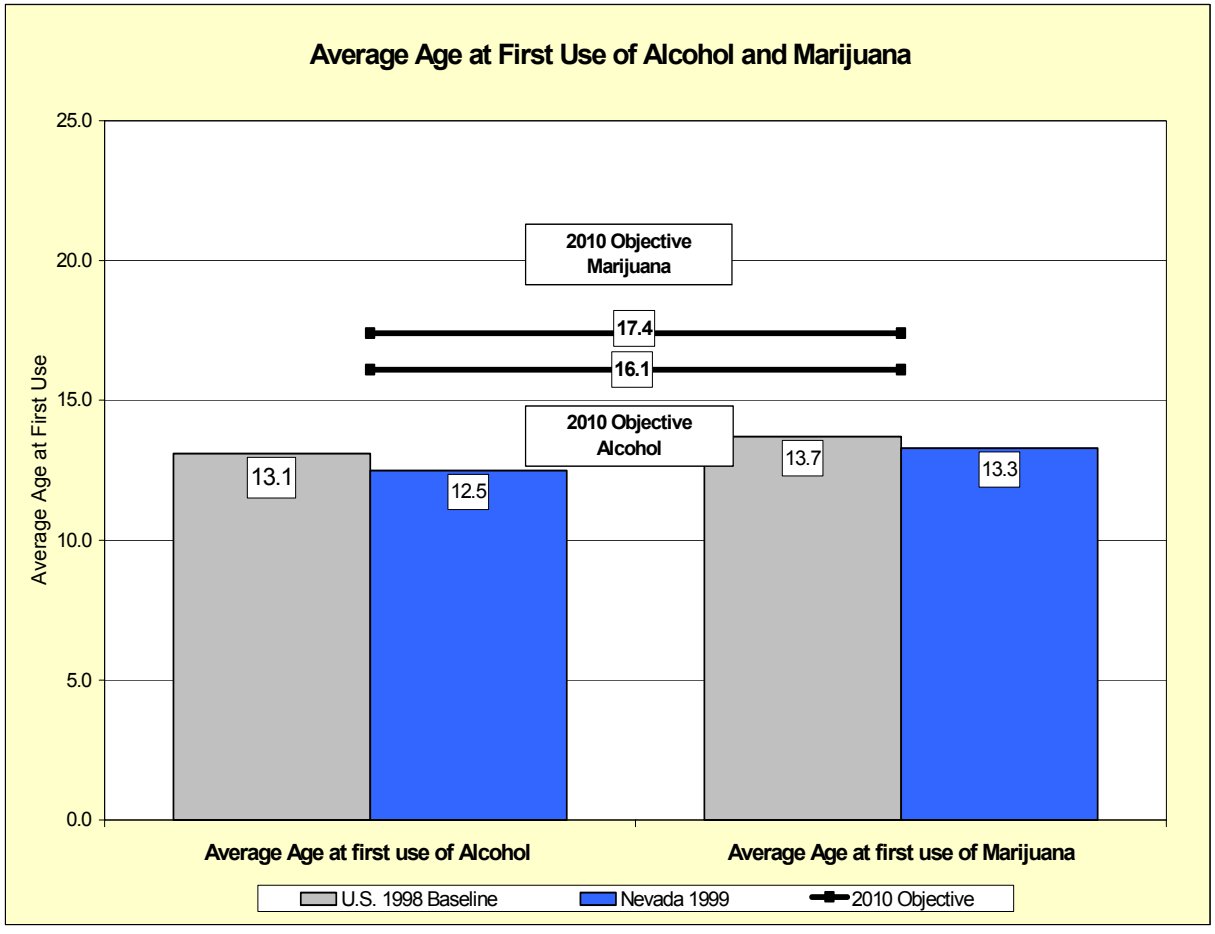
Objective 26.9 AVERAGE AGE - FIRST USE OF ALCOHOL AND MARIJUANA

Increase the average age of first use of alcohol and marijuana by adolescents aged 12-17 to 16.1 years old and 17.4 years old respectively.

Drug use among young people appears to develop in predictable stages consistent with the "gateway" concept. This objective is particularly important because the use of drugs at preteen ages, especially the use of these gateway drugs, appears to foretell greater involvement with alcohol and other drugs and less likelihood of recovery. The 1999 Nevada Youth Risk Behavior Survey reported that 38% of Nevada high school students had their first drink before age 13 and 16% tried marijuana prior to age 13.

	U.S. 1998 Baseline	Nevada 1999	2010 Objective
Alcohol	**13.1**	**12.5**	**16.1**
Marijuana	**13.7**	**13.3**	**17.4**

The U.S. and Nevada figures for the average age for the first use of alcohol have been reasonably stable in recent years. The U.S. figures for alcohol and marijuana appear to be out of reach of the Year 2010 target and the figures Nevada have substantially further to go.



27. TOBACCO USE

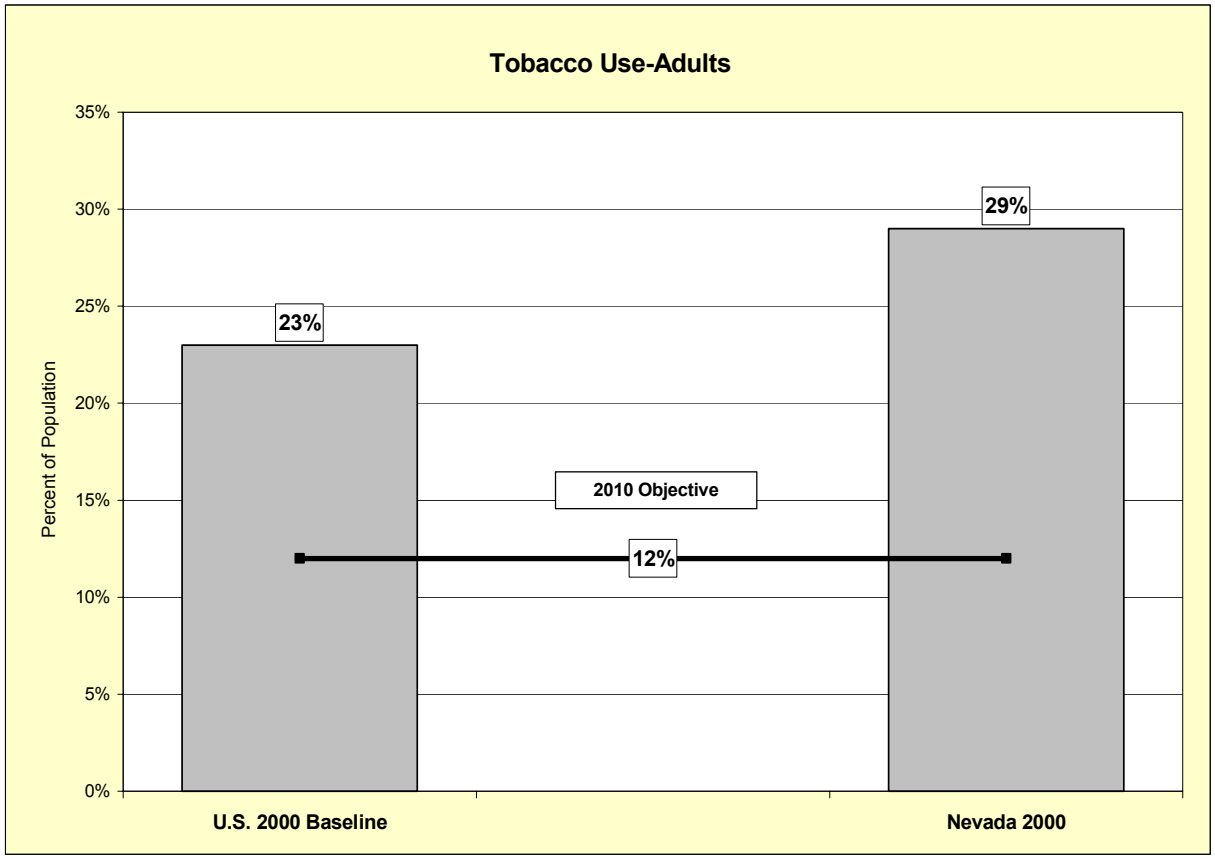
Objective 27.1 TOBACCO USE - ADULTS

Reduce cigarette smoking by adults aged 18 and older to no more than 12%. The target applies to current smokers (smoked once or more in past 30 days).

Tobacco is the single most preventable cause of death in America, accounting for over 400,000 deaths per year or almost one out of every five deaths. Smoking substantially increases the risk of heart disease, certain cancers, lung disease, and low birthweight. The prevalence of smoking declined steadily among adults following the U.S. Surgeon General's report in the mid-60s. However, the rate leveled off during the 1990s, mainly because of increased smoking among 18 to 24 year olds.

U.S. 2000 Baseline	Nevada 2000	2010 Objective
23%	29%	12%

Nevada had the highest smoking rate in the nation in 1999. The 2000 Nevada rate decreased from 31.5% to 29%, but remains one of the highest in the nation. Whereas the Nevada rate of current smokers is almost two and one-half times as high as the Year 2010 objective of 12%, it is extremely unlikely that Nevada will achieve that goal.



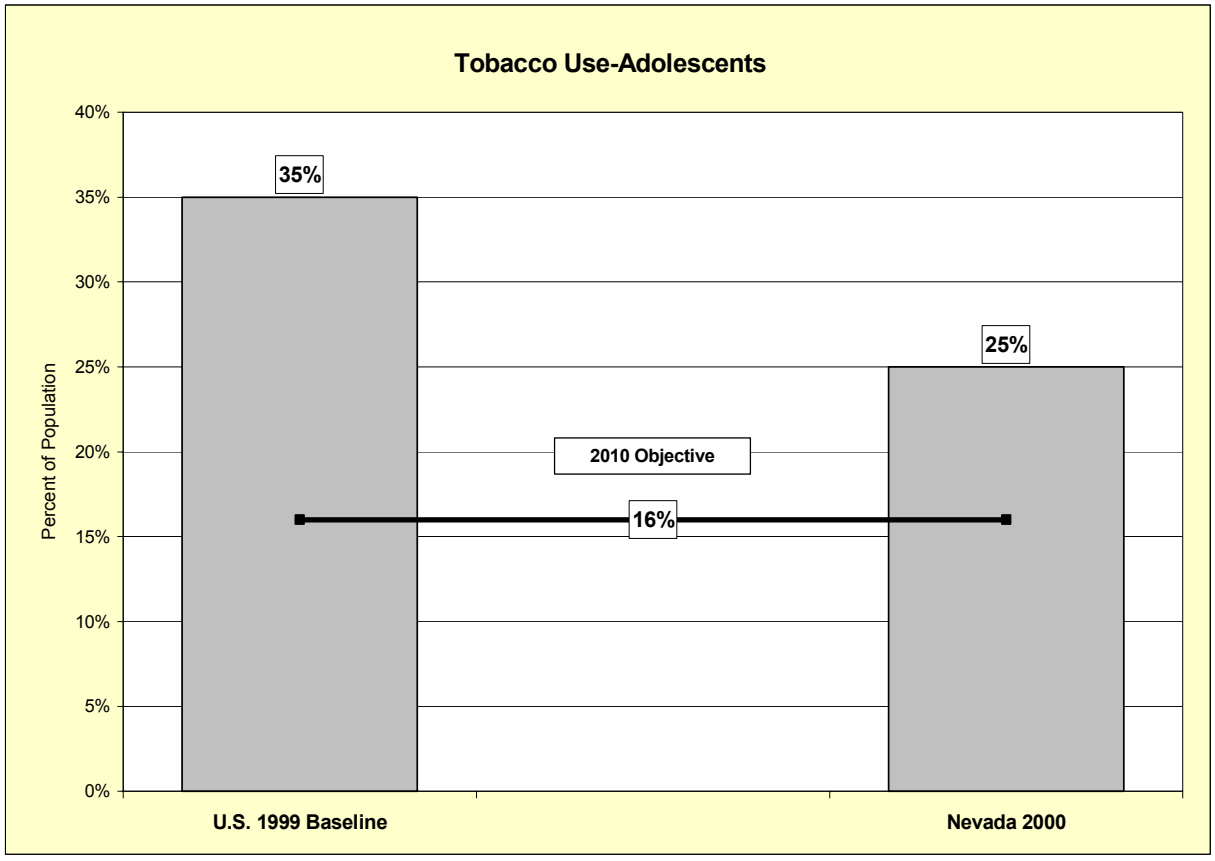
Objective 27.2 TOBACCO USE - ADOLESCENTS

Reduce cigarette smoking by students in grades 9 through 12 to 16% of students who smoked one or more days in the past 30 days (current smokers).

Despite efforts nationwide at federal, state and local levels, cigarette smoking among youth has been increasing in recent years, thereby reversing an earlier trend. Over 3,000 children begin smoking every day, a million a year. Studies reveal that the vast majority of smokers become regular smokers by age 18. Nevada's adolescent smoking rate began to rise in the early 1990s. The 2000 Youth Risk Behavior Survey reported that 25.2% of Nevada high school students smoked one or more days in the past 30 days. By grade 12 nearly 16% of Nevada high school students smoke daily.

U.S. 1999 Baseline	Nevada 2000	2010 Objective
35%	25%	16%

According to the Youth Risk Behavior Survey, the 2000 Nevada rate of current smokers (once or more in past 30 days) is lower than the national rate. The Nevada rate of one smoker out of every four adolescents is over 50% higher than the Year 2010 target of 16%. It appears unlikely that the U.S. or Nevada will achieve the 2010 objective.



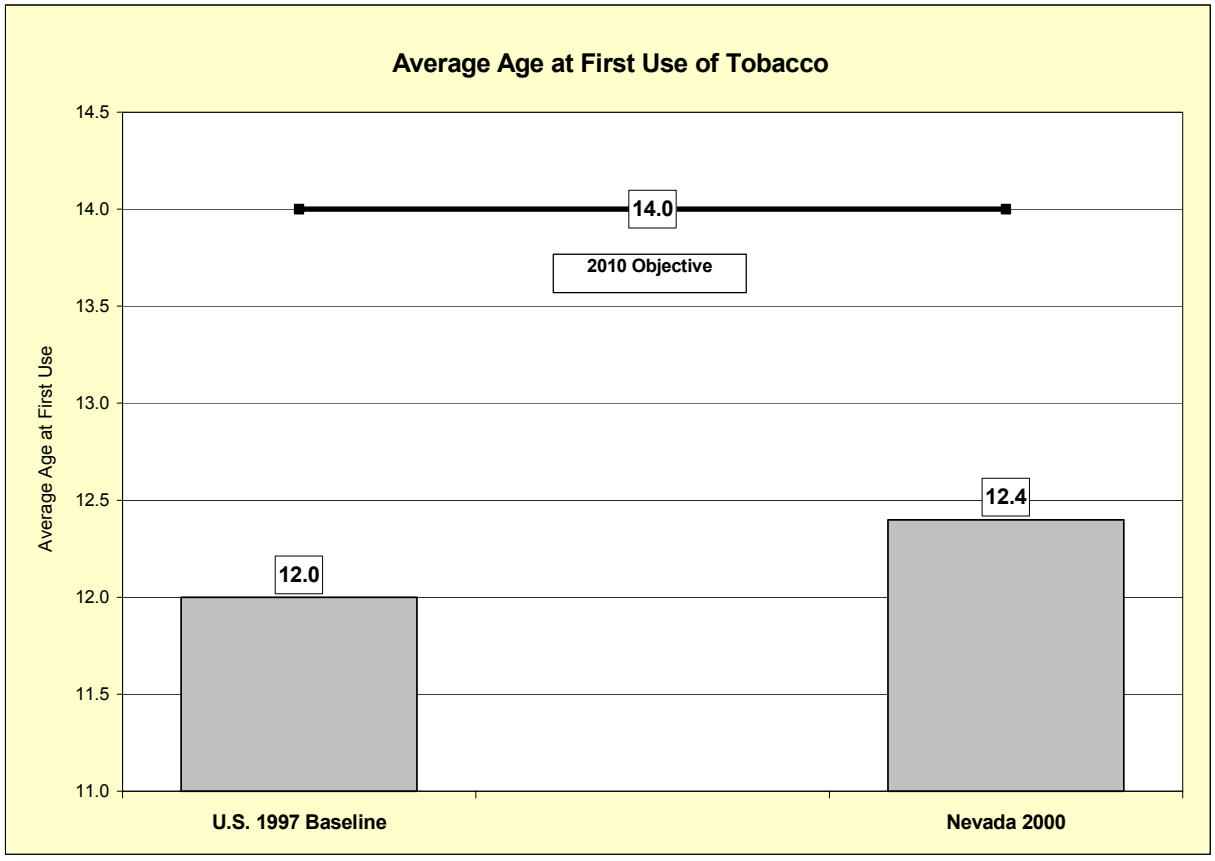
Objective 27.4 AVERAGE AGE – FIRST USE OF TOBACCO

Increase the average age of first use of tobacco products by adolescents aged 12 to 17 to age 14.

Despite efforts nationwide at the federal level such as the Synar amendment regarding sales to minors, cigarette smoking among youth has been increasing in recent years, thereby reversing an earlier trend. Over 3,000 children begin smoking every day, a million a year. Conversely, smoking among all other age groups has either stabilized or decreased gradually. Studies reveal that the vast majority of smokers become regular smokers by age 18. The *Nevada Youth Risk Behavior Survey* found that the average age of first use of cigarettes was 12.4 years old. Twenty-seven percent of Nevada high school students smoked a whole cigarette for the first time before age 13.

U.S. 1997 Baseline	Nevada 2000	2010 Objective
12	12.4	14

The Nevada rate approximates the U.S. baseline. Given the gap between the national and State of Nevada levels and the Year 2010 objective, it appears that it will be difficult for either the U.S. or Nevada to achieve the Year 2010 target.



Healthy People 2000

Nevada's Status Regarding Healthy People 2000 Targets

The Healthy People 2000 prevention initiative was a national strategy for improving the Health of the American people over the decade of the 1990s. In July 1998 the Bureau of Health Planning and Statistics published a report entitled *Healthy People 2000 – Nevada.*

The *Healthy People 2000 – Nevada* report examined 44 key objectives representing the following 20 focus areas:

1. Physical Activity and Fitness
3. Tobacco
4. Alcohol and Other Drugs
5. Family Planning
6. Mental Health & Mental Disorders
7. Violent and Abusive Behavior
9. Unintentional Injuries
10. Occupational Safety and Health
11. Environmental Health
12. Food and Drug Safety
13. Oral Health
14. Maternal and Infant Health
15. Heart Disease and Stroke
16. Cancer
17. Diabetes & Disabling Conditions
18. HIV Infection
19. Sexually Transmitted Diseases
20. Immunization & Infectious Disease

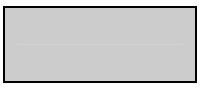
Priority areas and objectives involving leading causes of death and maternal-child health were given special attention in the report. The most significant factor in the selection of priority areas and objectives was the availability of accurate and reliable data.

The following three-page table summarizes Nevada's status toward achieving the Healthy People 2000 objectives which were addressed in the *Healthy People 2000 – Nevada* report. An additional eight objectives reviewed in the *Healthy People 2010 – Nevada* report are included in the table for a total of 52 objectives.

The table contains four columns which show each priority area/objective in relation to its Nevada year 2000 status, the Year 2000 target, and Nevada's year 2000 status vis-à-vis the target. The 17 objectives for which Nevada either equaled or surpassed the year 2000 target are shaded in gray.

Key to the table:

* Age-adjusted per 100,000 persons to the U.S. 1940 population
** Per 100,000 persons (not age-adjusted) *** Per 1,000 live births



Equal to or surpassing the Healthy People 2000 target

Healthy People 2000

Nevada's Status Regarding Healthy People 2000 Targets

Priority Area/ Objective	Nevada 2000	Target 2000	Target Status
1. Physical Activity & Fitness			
2. Overweight Prevalence (age 18+)	34%	20%	-14%
5. Sedentary Lifestyle (age 18+)	25%	15%	-10%
3. Tobacco			
3. COPD Deaths *	28	25	-3
4. Smoking Prevalence (age 18+)	29%	15%	-14%
5. Smoking by Adolescents	25%	15%	-10%
4. Alcohol and Other Drugs			
1. Alcohol/Motor Vehicle Deaths **	6.0	5.5	-.5
2. Cirrhosis Deaths *	11.1	6.0	-5.1
3. Drug-related Deaths *	12.0	3.0	-9.0
5. Avg. Age (age 12-17) – First Use: Cigarettes	12.4	12.6	-.2
Alcohol	12.5	14.1	-1.6
Marijuana	13.3	14.4	-1.1
5. Family Planning			
4. Adolescent Sexual Intercourse Females (under age 18)	48%	40%	-8%
Males (under age 18)	50%	40%	-10%
6. Mental Health			
1. Suicide *	17.4	10.5	-6.9
White Males (age 65+) **	68	39	-29
7. Violent & Abusive Behavior			
1. Homicide *	6.8	7.2	**+.4**
9. Unintentional Injuries			
1. Unintentional Injury Deaths *	31	29	-2
3. Motor Vehicle Deaths *	13	14	**+1**

Priority Area/ Objective	Nevada 2000	Target 2000	Target Status
9. Unintentional Injuries (con't)			
5. Drowning Deaths *	1.4	1.3	-.1
10. Occupational Safety			
1. Work-related Injury Deaths **	5.1	4.0	-1.1
11. Environmental Health			
1. Asthma Hospitalizations **	337	160	-177
12. Food & Drug Safety			
1. Foodborne Infections-Salmonella**	13	16	**+3**
13. Oral Health–7. Oral Cancer Deaths **			
Males (age 45-74)	9.9	10.5	**+0.6**
Females (age 45-74)	2.7	4.1	**+1.4**
14. Maternal & Infant Health			
1. Infant Mortality ***	6.5	7.0	**+.5**
1. Neonatal Mortality ***	4.0	4.5	**+.5**
1. Postneonatal Mortality ***	2.5	2.5	**=**
2. Fetal Deaths	7.5	5.0	-2.5
5. Low Birthweight (<2500 grams)	7.2%	5.0%	-2.2%
5. Very Low Birthweight (<1500 gm.)	1.3%	1%	-.3%
8. Cesarean Delivery (per 100)	22	15	-7
11. Prenatal Care – First Trimester	74%	90%	-16%
15. Heart Disease & Stroke			
1. Coronary Disease Deaths *	119	100	-19
2. Stroke Deaths *	24	20	-4
16. Cancer			
1. Cancer Deaths *	122	130	**+8**
2. Lung Cancer Deaths *	39	42	**+3**
3. Breast Cancer Deaths *	17	20	**+3**
4. Cervical Cancer Deaths *	2.5	1.3	-1.2
5. Colorectal Cancer Deaths *	13.1	13.2	**+.1**

Priority Area/ Objective	Nevada 2000	Target 2000	Target Status
11. Breast Exams & Mammograms (age 50+)	61%	60%	**+1%**
12. Pap Screening (age 18+)	84%	85%	-1%
17. Diabetes & Chronic Conditions			
11. Diabetes Prevalence (per 1000)	67	25	-42
18. HIV Infection			
1. AIDS Incidence	17	43	**+26**
19. Sexually Transmitted Diseases			
1. Gonorrhea Incidence **	85	100	**+15**
2. Chlamydia Prevalence **	222	170	-52
3. Primary/Secondary Syphilis **	0.25	4.0	**+3.75**
20. Immunizations & Infectious Diseases			
3. Hepatitis A Incidence **	4.4	16	**+11.6**
4. Tuberculosis Incidence **	4.7	3.5	-1.2
11. Immunizations (19-35 mos.) DPT	79%	90%	-11%
Polio	87%	90%	-3%
Measles	88%	90%	-2%
4 DPT/ 3 Polio/IMMR	75%	90%	-15%

PRIMARY DATA SOURCES

Focus Area / Objective	Data Source
1. Access to Health Services	
.1 Uninsured Children and Adults	Great Basin Primary Care Assoc./Census Bureau
3. Cancer	
.1 Cancer Deaths	Bureau of Health Planning & Statistics, Health Div.
.2 Lung Cancer Deaths	Bureau of Health Planning & Statistics, Health Div.
.3 Breast Cancer Deaths	Bureau of Health Planning & Statistics, Health Div.
.4 Cervical Cancer Deaths	Bureau of Health Planning & Statistics, Health Div.
.5 Colorectal Cancer Deaths	Bureau of Health Planning & Statistics, Health Div.
.7 Prostate Cancer Deaths	Bureau of Health Planning & Statistics, Health Div.
.11 Pap Screening	*Behavioral Risk Factor Surveillance Survey*
.13 Mammograms	*Behavioral Risk Factor Surveillance Survey*
5. Diabetes	
.3 Diabetes Prevalence	*Behavioral Risk Factor Surveillance Survey*
.5 Diabetes Deaths	Bureau of Health Planning & Statistics, Health Div.
.12 Glycosylated Hemoglobin	*Behavioral Risk Factor Surveillance Survey*
.13 Annual Dilated Eye Exam	*Behavioral Risk Factor Surveillance Survey*
7. Educational Programs	
.1 High School Completion	Department of Education
9. Family Planning	
.7 Adolescent Births	Bureau of Health Planning & Statistics, Health Div.
.9 Adolescent Sexual Intercourse	*Behavioral Risk Factor Surveillance Survey*
10. Food Safety	
.1 Salmonella Infections	Bureau of Community Health, Health Division
12. Heart Disease & Stroke	
.1 Coronary Disease Deaths	Bureau of Health Planning & Statistics, Health Div.
.7 Stroke Deaths	Bureau of Health Planning & Statistics, Health Div.
13. HIV	
.1 New AIDS Cases	Bureau of Community Health, Health Div.
.14 HIV Infection Deaths	Bureau of Health Planning & Statistics, Health Div.
14. Immunization and Infectious Diseases	
.6 Hepatitis A Incidence	Bureau of Community Health, Health Div.
.11 Tuberculosis	Bureau of Community Health, Health Div.
.22 Immunizations	Bureau of Community Health, Health Div.
15. Injury & Violence Prevention	
.13 Unintentional Injury Deaths	Bureau of Health Planning & Statistics, Health Div.
.15 Motor Vehicle Crash Deaths	Bureau of Health Planning & Statistics, Health Div.
.16 Pedestrian Deaths	Bureau of Health Planning & Statistics, Health Div.
.19 Use of Safety Belts	Office of Traffic Safety, DMV&PS
.29 Drowning Deaths	Bureau of Health Planning & Statistics, Health Div.
.32 Homicide Deaths	Bureau of Health Planning & Statistics, Health Div.
.33 Child Abuse	*Nevada Kids Count Data Book*

Focus Area / Objective	Data Source
16. Maternal, Infant & Child Health	
.1 Fetal Deaths	Bureau of Health Planning & Statistics, Health Div.
.1 Infant Deaths	Bureau of Health Planning & Statistics, Health Div.
.6 Prenatal Care	Bureau of Health Planning & Statistics, Health Div.
.9 Cesarean Delivery	Center for Health Information Analysis, UNLV
.10 Low & Very Low Birth weight	Bureau of Health Planning & Statistics, Health Div.
18. Mental Health / Disorders	
.1 Suicide	Bureau of Health Planning & Statistics, Health Div.
19. Nutrition & Overweight	
.2 Obesity	*Behavioral Risk Factor Surveillance Survey*
20. Occupational Safety & Health	
.1 Work-related Injury Deaths	Bureau of Health Planning & Statistics, Health Div.
21. Oral Health	
.8 Dental Sealants	Bureau of Family Health Services, Health Div.
22. Physical Activity & Fitness	
.1 Physical Activity – Adults	*Behavioral Risk Factor Surveillance Survey*
.7 Physical Activity – Adolescents	*Youth Risk Behavior Survey*
24. Respiratory Diseases	
.10 COPD Deaths	Bureau of Health Planning & Statistics, Health Div.
25. Sexually Transmitted Diseases	
.1 Chlamydia Prevalence	Bureau of Community Health, Health Div.
.2 Gonorrhea Incidence	Bureau of Community Health, Health Div.
.3 Syphilis Incidence	Bureau of Community Health, Health Div.
26. Substance Abuse	
.1 Alcohol/Motor Vehicle Deaths	Office of Traffic Safety, DMV&PS and BHP&S
.2 Cirrhosis Deaths	Bureau of Health Planning & Statistics, Health Div.
.3 Drug-Induced Deaths	Bureau of Health Planning & Statistics, Health Div.
.9 First Use – Alcohol & Marijuana	*Youth Risk Behavior Survey*
27. Tobacco Use	
.1 Tobacco Use – Adults	*Behavioral Risk Factor Surveillance Survey*
.2 Tobacco Use – Adolescents	*Youth Risk Behavior Survey*
.4 Average Age – First Use	*Youth Risk Behavior Survey*